

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11501  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11501  
Registered No.

1. NAME OF DECEASED (Type or Print) MINNIE M. TILLMAN			2. DATE OF DEATH Dec. 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 412 Rosebank Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-12		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 412 Rosebank Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 26, 1863	9. AGE (In years last birthday) 90	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles Sippel			14. MOTHER'S MAIDEN NAME Mary A. Heckman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Miss Mabel Tillman			ADDRESS 412 Rosebank Ave.		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Generalized arteriosclerosis DUE TO			INTERVAL BETWEEN ONSET AND DEATH ?		
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19A. DATE OF OPERATION —		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Jan, 1953, to Dec, 1953, that I last saw the deceased alive on Dec 25, 1953, and that death occurred at 10:00 P.M., from the causes and on the date stated above.			
23A. SIGNATURE Frederick J. Volkmann		23B. ADDRESS M. D. 6100 York Rd		23C. DATE SIGNED Dec 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 29, 1953		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 1217 St. Paul Street	

100-1-30

100-1-30



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53-11502

53-11502  
BIRTH NO. 53-31009

1. NAME OF DECEASED (Type or Print) <u>James, Baby Boy</u>		2. DATE OF DEATH <u>December 13, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>1 da.</u>		D. STREET ADDRESS (If rural, give location) <u>630 Cutman Avenue</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>December 13, 1953</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>3</u> Months: <u>5</u> Days: <u>08</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>James, Edward W., Jr.</u>		14. MOTHER'S MAIDEN NAME <u>Miller, Katherine Rosetta</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <u>76% 5</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Atelectasis</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Prematurity</u> DUE TO <u>Abruptio placenta</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from December 13, 1953, to December 13, 1953 that I last saw the deceased alive on Dec. 13, 1953, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Clanuel B. Tarrant</u>	23B. ADDRESS <u>1100 N. Caroline Street</u>	23C. DATE SIGNED <u>Dec. 13, 1953</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>12-29-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>HOLY REDEEMER</u>	24D. LOCATION (City, town, or county) (State) <u>BALTO, Md.</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 29 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>	25. FUNERAL DIRECTOR <u>L. J. Ruck</u>	ADDRESS <u>5305 Hayford Rd.</u>
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VS 150

BODY TAP

NAME

ADDRESS

DATE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-400

53 11503

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

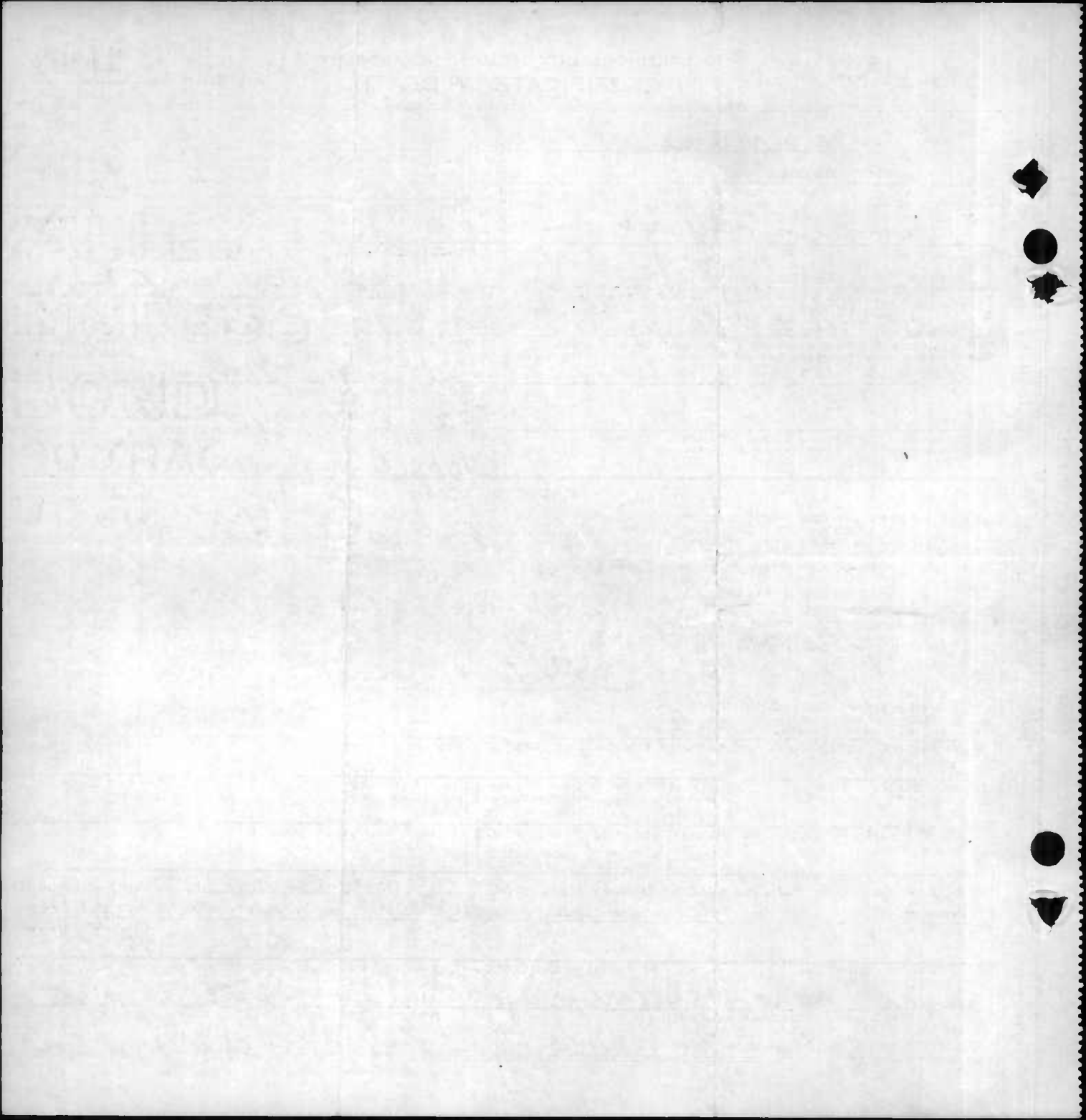
Registered No. 53 11503

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Emma Amelia Muhl</i>			2. DATE OF DEATH <i>Dec 27, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md</i> B. COUNTY <i>BALTO</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lood Convalescent Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1016 Beechfield Ave - 29</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 3, 1887</i>		9. AGE (In years last birthday) <i>66</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>Md.</i>
13. FATHER'S NAME <i>John Pauly</i>			14. MOTHER'S MAIDEN NAME <i>Carrie Pauly Hunter</i>		
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT <i>William O. Muhl</i>		
			ADDRESS <i>1016 Beechfield Ave</i>		

18. <i>442x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) <i>Coronary Vascular Punctum</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1953</i> , to <i>Dec 27</i> , 1953, that I last saw the deceased alive on <i>Dec 26</i> , 1953, and that death occurred at <i>2:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. L. Sawtelle</i>		23B. ADDRESS <i>4209 Fred Ave</i>		23C. DATE SIGNED <i>12/28/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 30-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Meadowridge Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Co Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>		ADDRESS <i>John H. Penfel 5311 Edmondson Ave</i>	



M-460

53 11504

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11504

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ABRAHAM BENJAMIN MILLER

2. DATE  
OF  
DEATH

Dec. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR US Public Health Service location)  
INSTITUTION Hospital

Wyman Pk. Drive &amp; 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2807 Santa Fe Ave.

c. Length of stay in Baltimore

?

54

Yrs.  
Most  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Div.

B. DATE OF BIRTH

10/27/82

9. AGE (In years  
last birthday)

71

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Miller

14. MOTHER'S MAIDEN NAME

Minnie Jacobs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WWI- USA

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 141X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Squamous cell carcinoma base of  
tongue with spread to epiglottis

Unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1953, to Dec. 28, 1953, that I last saw the  
deceased alive on Dec 28, 1953 and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

12/28/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

12-28-53

24C. NAME OF CEMETERY or CREMATORY

Herrington Run

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

DEC 29 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

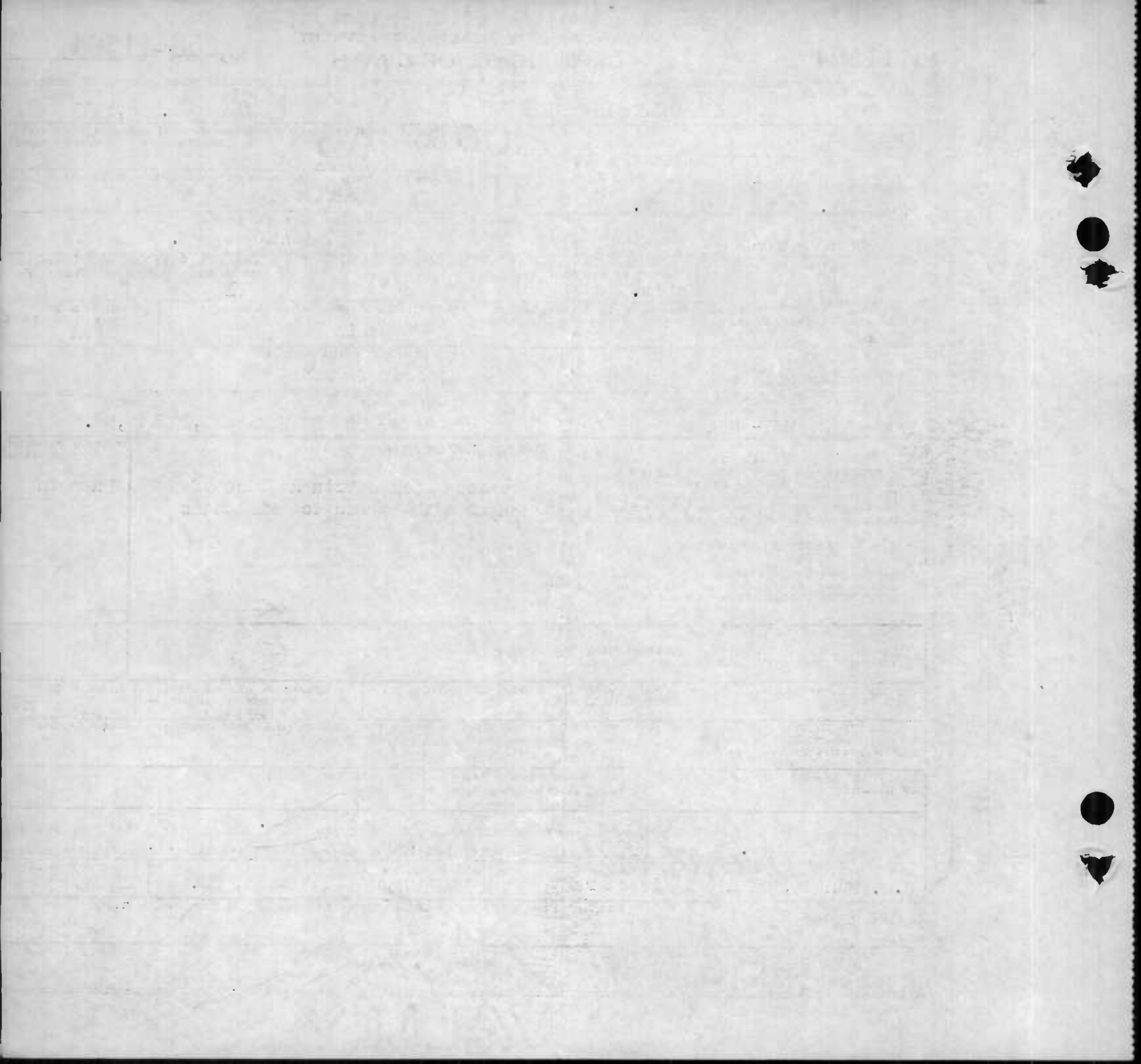
2100 Eutaw Pl

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RGB



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 11505

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Leah Dobbins2. DATE  
OF  
DEATH12-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township

City 15-01

D. STREET ADDRESS (If rural, give location)

629 Cumberland St

c. Length of stay in Baltimore

Lifetime

5. SEX

FemaleColoredWidowDomesticUnknown

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. BIRTHPLACE (State or foreign country)

11. CITIZEN OF WHAT COUNTRY?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 322.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute and chronic alcoholism

DUE TO

(B)

DUE TO

(C)

DUE TO

(C)

DUE TO

(C)

DUE TO

(C)

DUE TO

(C)

DUE TO

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DUE TO

(C)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Taylor23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D. MEDICAL INVESTIGATOR.....☒12-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIALDec 30/53MT. AUBURNBaltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

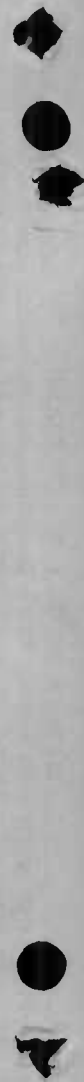
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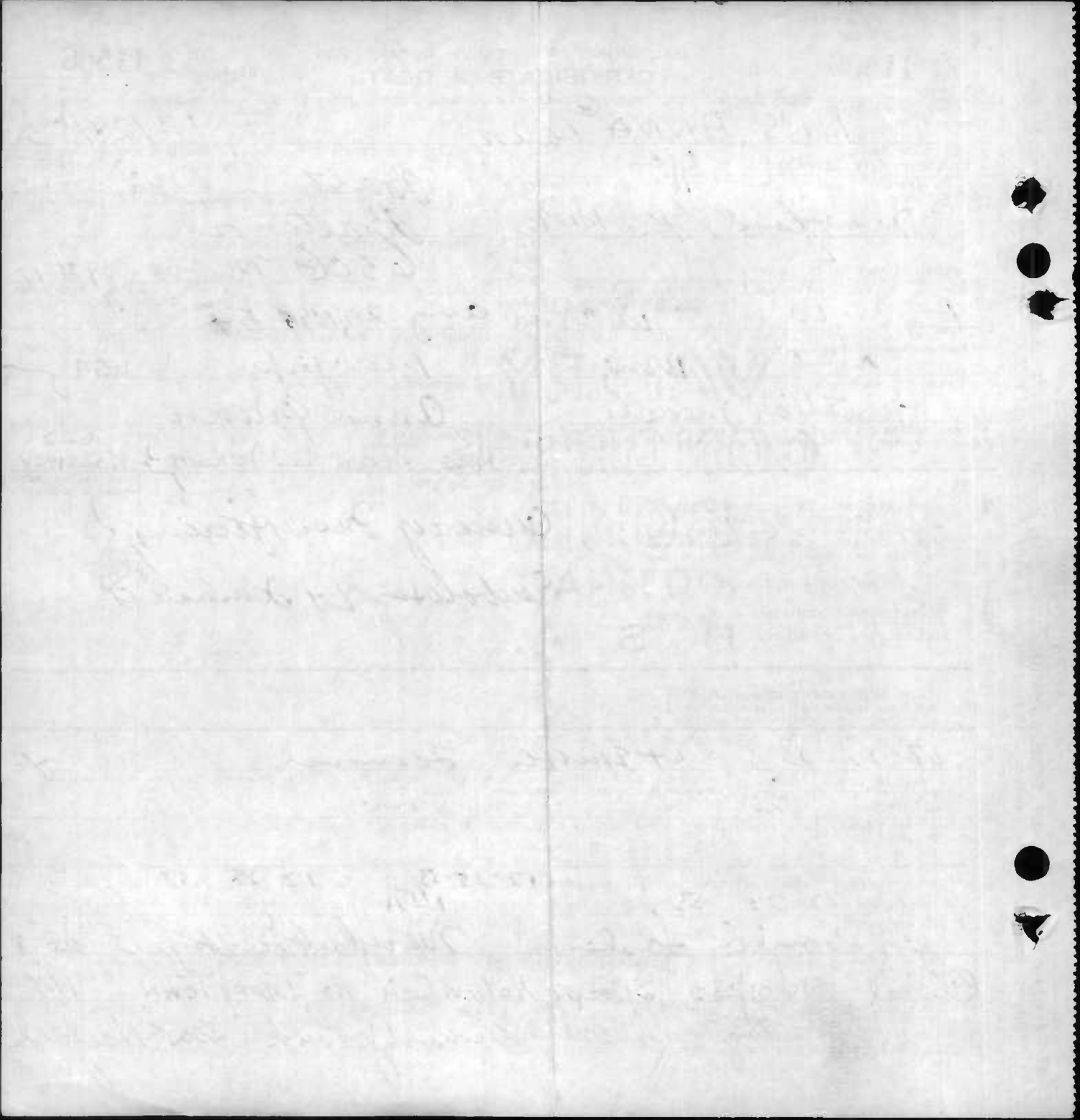
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53 11506

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11506

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>MRS ANNA G. LAUN</b>		2. DATE OF DEATH <b>12/28/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>yes</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Balt-</b> B. COUNTY <b>Ind BALTO.</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland Gen. Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 5300</b>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>6308 Mossway #12</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 29/1894 59</b>		9. AGE (In years last birthday) <b>59</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>New York</b>	
13. FATHER'S NAME <b>Matthias Meacle</b>		14. MOTHER'S MAIDEN NAME <b>Anna Quinn</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Joan L. Yersin - Mossway</b>	
18. <b>454 X I</b>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Coronary Insufficiency</b> DUE TO			
ANTECEDENT CAUSES		(B) <b>Embolism Lt Femoral</b> DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>12-25-53</b>		19B. MAJOR FINDINGS OF OPERATION <b>Lt Emboli Femoral</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>no</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>no</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-25-53</b> , 19 <b>53</b> , to <b>12-28</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-28</b> , 19 <b>53</b> , and that death occurred at <b>1:15</b> Am., from the causes and on the date stated above.					
23A. SIGNATURE <b>Jay Donald Lasher</b> M. D.		23B. ADDRESS <b>Maryland Gen. Hosp</b>		23C. DATE SIGNED <b>12-28-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>12/31/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Sleepy Hollow Cem</b>	
24D. LOCATION (City, town, or county) <b>No. TARRY TOWN</b>		24E. LOCATION (State) <b>N.Y</b>		25. FUNERAL DIRECTOR <b>Leonard J. Luck</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 29 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		ADDRESS <b>5305 Bayford</b>	



W-300  
53 11507BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11507

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HENRIETTA

WOODY

2. DATE  
OF  
DEATH

Dec. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1129 E. Pratt St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

11-15-1883

9. AGE (in years last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

unemployed

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

- 1129 E. Pratt St.

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED  
Dec. 24, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

12-29-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 29 1953

H. Kingston Williams

W. H. Halstead - 918

V S 151

Shriad Hill ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11508

53 11508

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clark (CABIE) Pagie

2. DATE  
OF  
DEATH

12-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Md.

B. COUNTY City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

16-03

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

1639 - Fulton Ave.

5. SEX

M.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 3 1911

9. AGE (In years  
last birthday)

42

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR  
INDUSTRY

Public

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

W. C. Clark

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mr. W. C. Clark - Fulton Ave.

18. E812.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Skull Fracture

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Subdural Hemorrhage

DUE TO

(C)

Contusion of Brain

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
Street21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Fulton Avenue &amp; Riggs Street

16/3

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Dec. 24, 1953 9:50 P. M.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Hunt

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-26-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

12-29-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

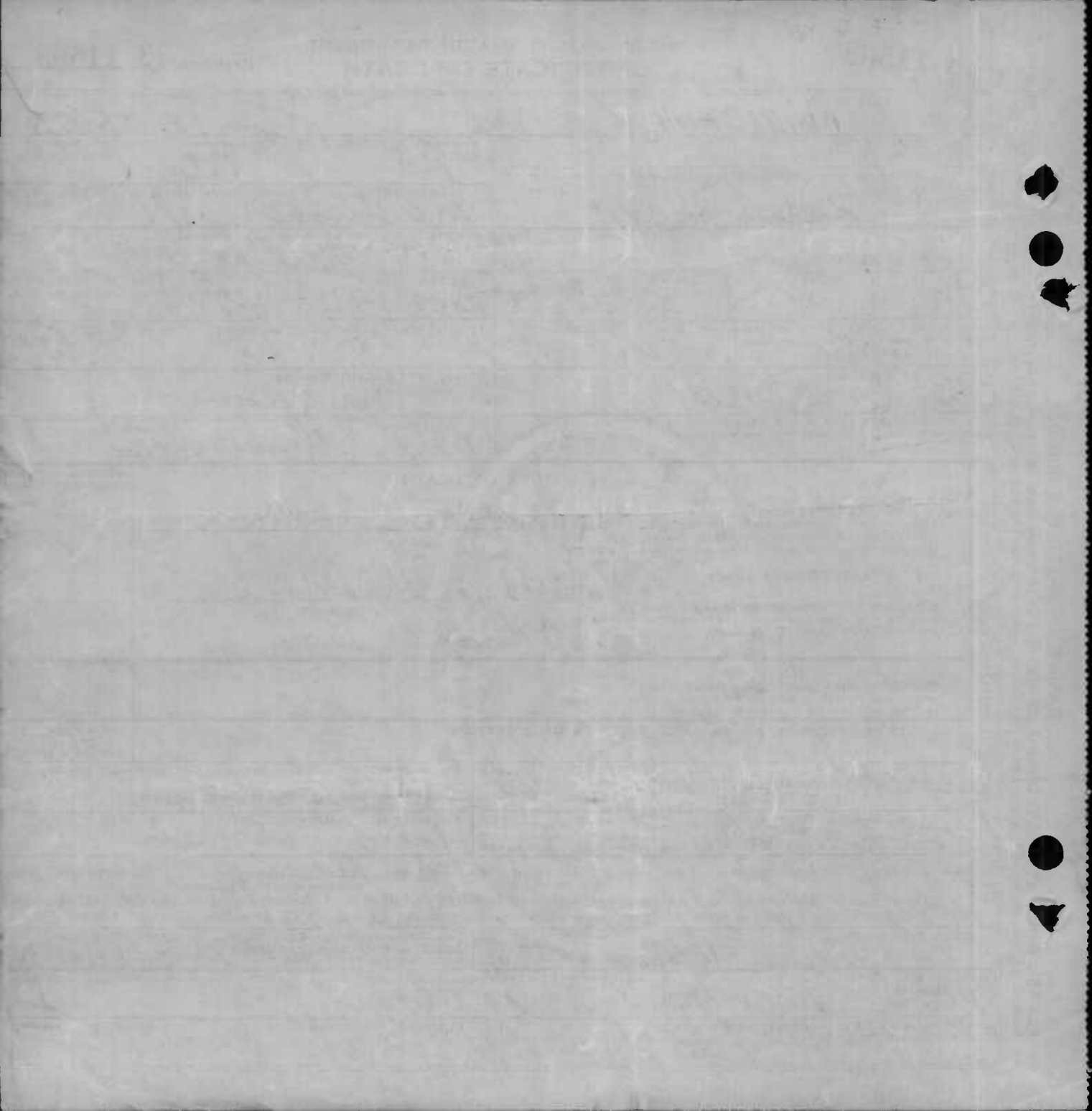
25. FUNERAL DIRECTOR

W. H. Hildstead - 918

VS 151

js N 803.2

75464 Remond Hill Ave.





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11509  
Registered No.

53 11509  
BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rachel Bulley

2. DATE OF DEATH Dec 26 1953

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

0224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

md

Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

5210

D. STREET ADDRESS (If rural, give location)

Arnold Post Office

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4-23-1906

9. AGE (In years last birthday)

47

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Horace Carter

14. MOTHER'S MAIDEN NAME

Kate Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DUE TO

(B)

Hypertensive Cardiovascular Disease

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/22, 1953 to 12/26, 1953 that I last saw the deceased alive on 12/26, 1953 and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. Gordon Walker

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

27 Dec 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-29-53

24C. NAME OF CEMETERY OR CREMATORY

Broad Neck

24D. LOCATION (City, town, or county)

Shidmore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

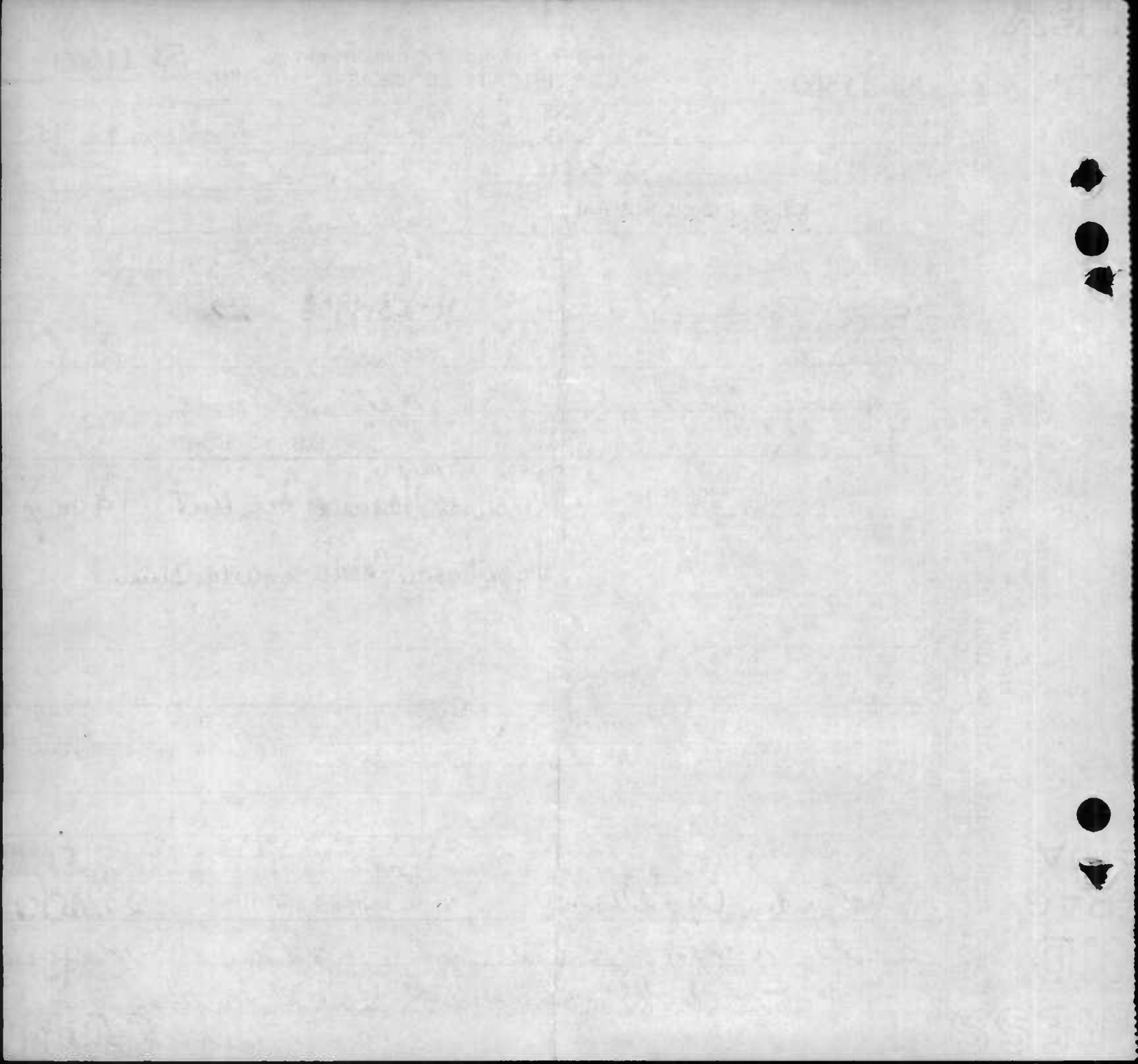
ADDRESS

DEC 29 1953 Huntington Williams, Md.

Wm Reese II 108 Washington St.

Annapolis, Md.

VS 150



53 11510

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11510  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE PETTIS

2. DATE  
OF  
DEATH

12-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

827. EDMONSON. AVE.

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

827. EDMONSON. AVE.

C. Length of stay in Baltimore

40

5. SEX  
MALE6. COLOR OR RACE  
COL7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

9-25-1892

9. AGE (in years  
last birthday)

61

10. Under 1 Year  
Months Days

4

11. Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER.

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

GEORGE PETTIS.

VA.

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MARY PETTIS. 827. EDMONSON. AVE.

18. 447X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE CORONARY OCCLUSION

12/25/53

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIO SCLEROSIS

DUE TO

(C) HYPERTENSION

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/21, 1953, to 12/18, 1953, that I last saw the deceased alive on 12/18, 1953, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 29 1953

Huntington Williams

J. Jackson Perma

VS 150

97099

000000

RECEIVED

0000



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-450

CERTIFICATE AMENDED 1/18/54 ES

CCG-177984

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 11511

BIRTH NO. 53 11511

1. NAME OF DECEASED (Type or Print) <b>Phillip Callahan</b>			2. DATE OF DEATH <b>12-26-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> S. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern, Ave</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>10-02</b>		
C. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1000 Abbott, Court</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 30, 1873</b>	9. AGE (In years last birthday) <b>80</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. City</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>Phillip Callahan</b>		
14. MOTHER'S MAIDEN NAME <b>Catherine O'Connell</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>B. C. H. 4940 Eastern, Ave (records)</b>		
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>540.0</b> <b>CAUSE OF DEATH</b> <b>Hemorrhage of stomach, due to ulcer</b> <b>Uremic Acidosis</b>			INTERVAL BETWEEN ONSET AND DEATH		
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <b>Arteriosclerotic heart disease</b> (B) <b>Generalized arteriosclerosis</b> (C) <b>Probable, old cerebral hemorrhage</b>					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-23-</b> , 19 <b>53</b> to <b>12-26-53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-26</b> , 19 <b>53</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>H. J. [Signature]</b>		23B. ADDRESS <b>4940 Eastern, Ave Balto. Md.</b>		23C. DATE SIGNED <b>12-26-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24B. DATE <b>12/29/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>		24F. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>James L. McCully - 130 E. Fort Avenue</b>	

Vs 450



See letter in Document file

Dr. H. C. Johnston, Asst Supt - Medical

BCH



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

**F 460 CERTIFICATE CORRECTED 12-29-53**  
**BALTIMORE CITY HEALTH DEPARTMENT**  
**CERTIFICATE OF DEATH**  
 Registered No. **53 11512**

**1. NAME OF DECEASED** Francis **Guy F. Fowler**  
**2. DATE OF DEATH** 12/25/53

**3. PLACE OF DEATH:**  
 A. Baltimore City, Maryland  
 B. FULL NAME OF (If not in hospital or institution, give street address or location)  
 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
 D. STREET ADDRESS (If rural, give location)

**4. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 A. STATE Maryland  
 B. COUNTY Carroll  
 C. CITY OR TOWN Westminster  
 D. STREET ADDRESS (If rural, give location) 10 Carroll St. 5641

**5. SEX** M **6. COLOR OR RACE** W **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** Married  
**8. DATE OF BIRTH** Jan. 29, 1897 **9. AGE (in years last birthday)** 56  
**10A. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Sec. & Treasure  
**10B. KIND OF BUSINESS OR INDUSTRY** Canning Factory  
**11. BIRTHPLACE** (State or foreign country) Westminister Md.  
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME** Frank Fowler  
**14. MOTHER'S MAIDEN NAME** Ida Elkenrode

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no or unknown) World War I  
**16. SOCIAL SECURITY NO.** 216-03-5867  
**17. INFORMANT** Mr. James Squire Westminister, Md.  
**ADDRESS**

**18. 260X I CAUSE OF DEATH**  
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
 (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
 (A) Metabolic Acidosis  
 DUE TO  
 ANTECEDENT CAUSES  
 (B) Diabetic Mellitus  
 DUE TO  
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
 (C)

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

**19A. DATE OF OPERATION** 0 **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED**  
**19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**  
**20. AUTOPSY?** YES ☐ NO ☐

**21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)** ☐ **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)  
**21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**  
**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY** m. **21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐  
**21F. HOW DID INJURY OCCUR?**

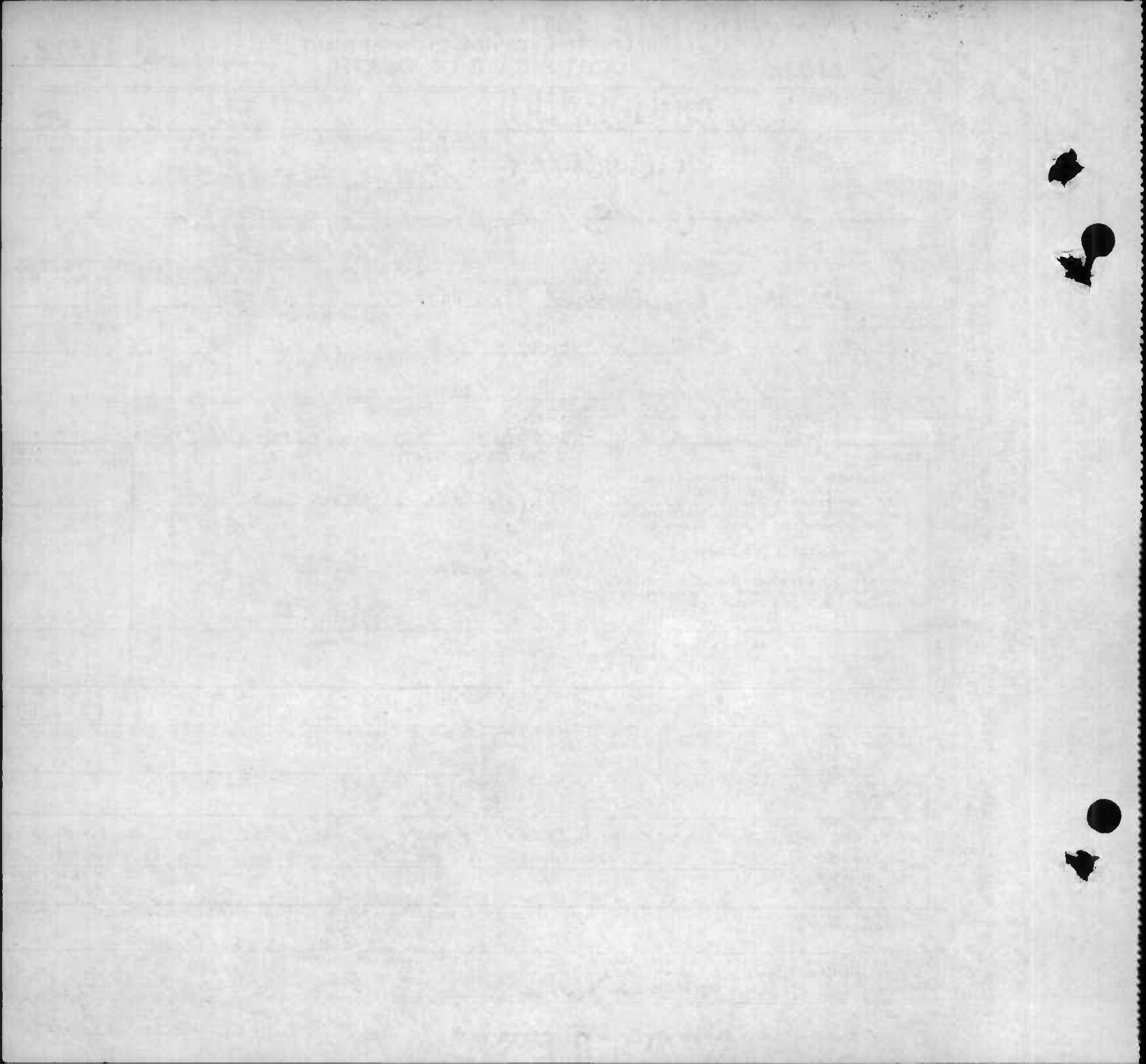
**22. I hereby certify that I attended the deceased from** 74 Dead on Arrival, 1953, **19**, that I last saw the deceased alive on 1953, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

**23A. SIGNATURE** Charles B. Thomas, Jr. M. D. **23B. ADDRESS** 2400 York Rd. Balt. **23C. DATE SIGNED** 12/25/53

**24A. BURIAL, CREMATION, REMOVAL (Specify)** Burial **24B. DATE** Dec 28 1953 **24C. NAME OF CEMETERY OR CREMATORY** St. John's Cemetery Westminster, Md.  
**24D. LOCATION (City, town, or county) (State)** Westminster, Md.

**DATE RECEIVED BY LOCAL REGISTRAR** DEC 29 1953 **REGISTRAR'S SIGNATURE** Huntington Williams, M.D. **25. FUNERAL DIRECTOR** J. E. Rogers, Jr. Westminster, Md.  
**ADDRESS**

**VS 150**  
 Pt. Referred to Univ. Hospital By Dr. H. Allen Walton, Westminster, Md.  
 29042





Mr. Gilbert Paulman 815-3808  
2517 Bolt St

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 11514BIRTH NO. 53 115141. NAME OF DECEASED  
(Type or Print)ELIZABETH B. MINTZ2. DATE  
OF  
DEATH12/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2328 Annapolis Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

2328 Annapolis Rd.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED

WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

1/22/1863

9. AGE (In years

last birthday)

90

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WARNER GABLE

14. MOTHER'S MAIDEN NAME

KATHERINE SCHWAAB

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lloyd Kramer, same18. 794x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1952, to Dec 27, 1953, that I last saw the deceased alive on Dec. 23, 1953, and that death occurred at 5:45P m., from the causes and on the date stated above.

23A. SIGNATURE

L. William Rossberg

M. D.

23B. ADDRESS

2436 Washington Blvd

23C. DATE SIGNED

12/29/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/30/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 29 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mac Nabt & Son

ADDRESS

Catonville 28



CERTIFICATE OF DEATH

EXEMPTED FROM DEATH

1150

6

1150

1150

1150

1150

1150



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11515

53 11515 33-25690  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

Frankie

Moore

2. DATE  
OF  
DEATH

12-25-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

a. STATE Md

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt 13-03

d. STREET ADDRESS (If rural, give location)

2200 Morris St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

A

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-17-53

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days

21

If Under 24 Hours  
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Levy Moore

14. MOTHER'S MAIDEN NAME

Lillanar Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Levy Moore - 2200 Morris St

18. 492x

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Interstitial Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., is or  
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

William V. V. V.

23b. CHIEF MEDICAL EXAMINER ☐ 23c. DATE SIGNED  
M.D. MEDICAL INVESTIGATOR ☒ 12-26-5324a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

12-30-53

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24d. LOCATION (City, town, or county)

Balt City

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan, Jr.

1011 N. Arlington Ave

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1912

DECEASED

1912

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

1912

DECEASED

DECEASED

1912

DECEASED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-320

BIRTH NO. 53 11516

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11516

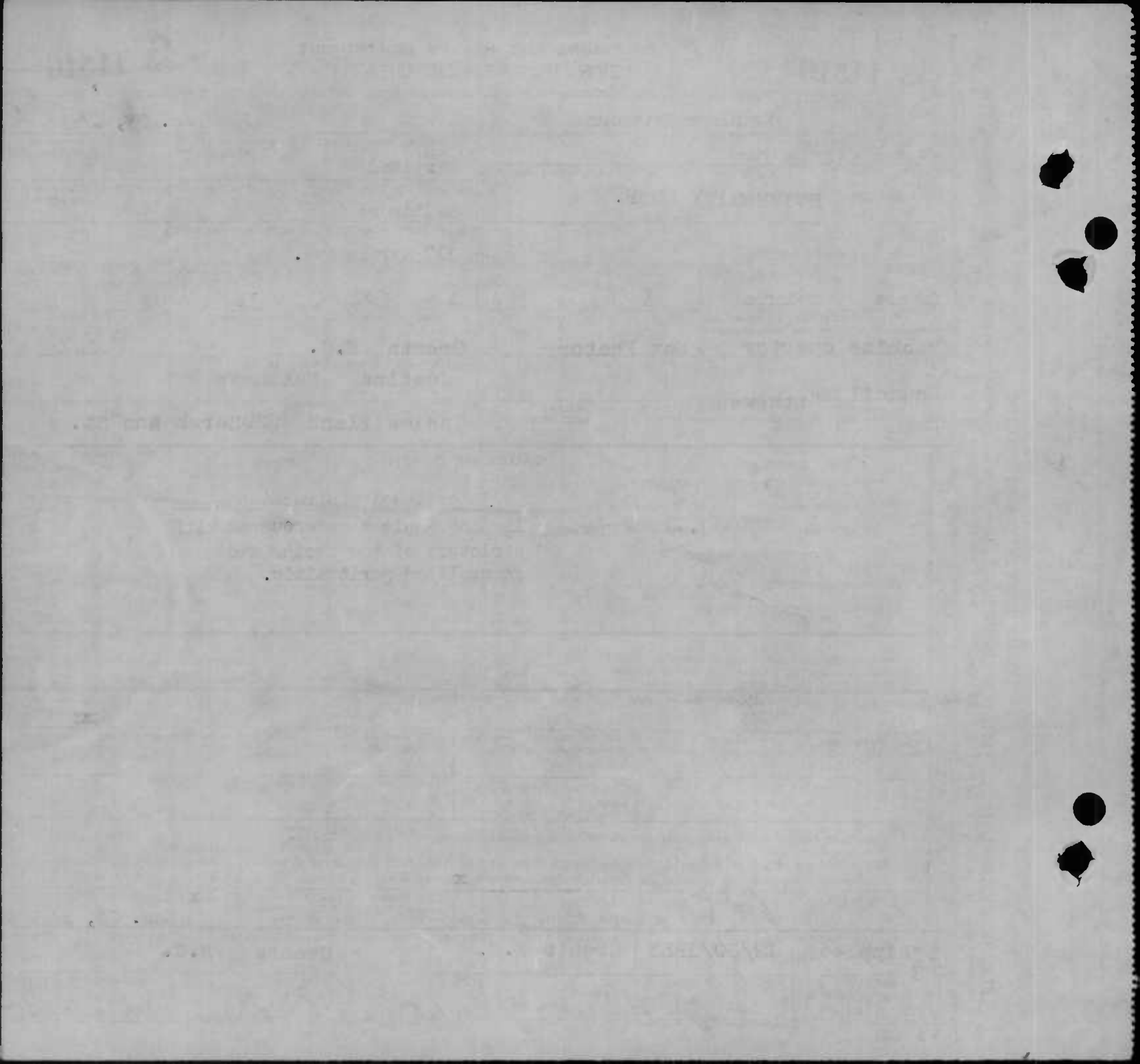
1. NAME OF DECEASED (Type or Print) <b>Kathleen Matthews</b>			2. DATE OF DEATH <b>Dec. 27, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSP.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>317 Myrtle Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 22, 1922</b>	9. AGE (In years last birthday) <b>31</b>	11 Under 1 Year Months: Days: 11 Under 24 Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine operator</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Box Factory</b>	11. BIRTHPLACE (State or foreign country) <b>Orenta N.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Council Matthews</b>			14. MOTHER'S MAIDEN NAME <b>Justina Matthews</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Thelma Bland (939 Sarah Ann St.)</b>		

18. <b>037x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A)	<b>Intestinal obstruction</b>	
	DUE TO	<b>lymphogranuloma venereum with stricture of the rectum and generalized peritonitis.</b>	
	(B)	<b>generalized peritonitis.</b>	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. Fisher</b>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Dec. 28, 1953</b>	
24A. BURIAL, CREMATION, or other disposition (Specify) <b>8 - shipped</b>		24B. DATE <b>12/30/1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Orenta N.C.</b>	
24D. LOCATION (City, town, or county) (State) <b>Orenta N.C.</b>					

DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 29 1953</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>		25. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams</b>	
VS 151				ADDRESS <b>322 N. Schenck St.</b>	

6904K



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

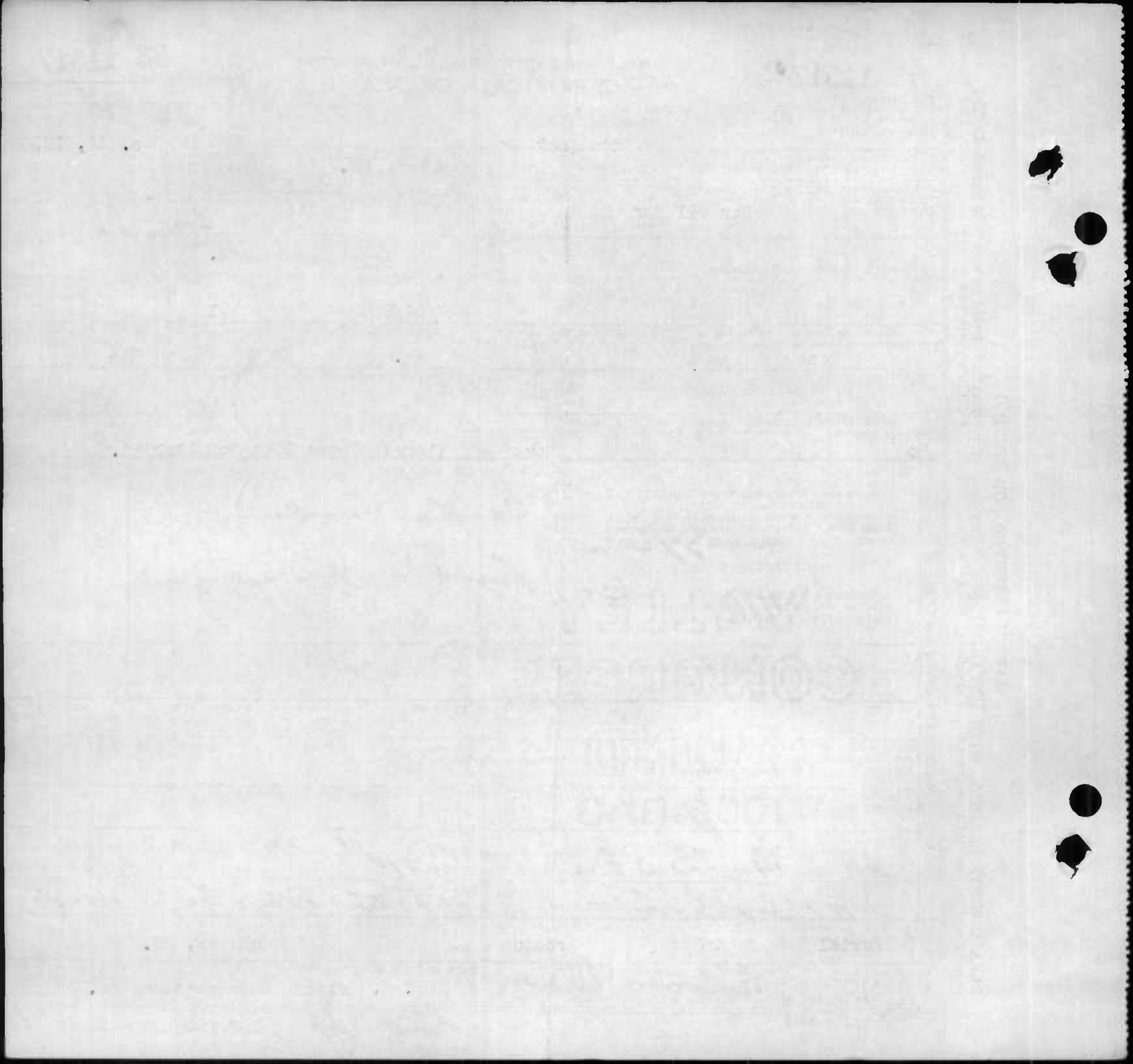
53 11517

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11517  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Etta Cook</b>			2. DATE OF DEATH <b>Dec. 26, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Bar Wil Bar</b>			C. CITY OR TOWN <b>Balto</b> (If outside corporate limits, write RURAL and give township) <b>27-18</b>		
c. Length of stay in Baltimore <b>?</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5323 Denmore Ave.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>7/24/82</b>		9. AGE (In years last birthday) <b>71</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>?</b>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Theresa Jones 2009 McCulloh St.</b>		
18. <b>442X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Cardio Vascular</b> DUE TO (B) <b>Renal - Hemiplegia</b> (Right) DUE TO (C) <b>(Right)</b>			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 1952</b> , to <b>Dec. 1952</b> , that I last saw the deceased alive on <b>12-22</b> , 19 <b>52</b> , and that death occurred at <b>8:15</b> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <b>J. B. Butler</b>		23B. ADDRESS <b>2033 East Hill E</b>		23C. DATE SIGNED <b>12-28-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>12-29-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus</b>	
24D. LOCATION (City, town, or county) (State) <b>Arbutus, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Geo. G. Nelson 1303 Presstman St.</b> <b>Geo. G. Nelson</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 29 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 11518 Registered No.	
BIRTH NO. 53 11518					
1. NAME OF DECEASED (Type or Print) <i>Lucinda Bowden (Boyd)</i>			2. DATE OF DEATH <i>12/24/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-01</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>918 W. Saratoga St.</i>		
5. SEX <i>F</i>	6. COLOR OF RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>12/20/1913</i>		9. AGE (In years last birthday) <i>40</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWORK</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>DOMEST IC</i>	11. BIRTHPLACE (State or foreign country) <i>GLOUCESTER, VA.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME <i>Mrs. Mary Williams</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>MARY E. BOYD (D) 1208 MULBERRY ST</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH <i>Cerebro-Vascular Accident</i> <i>Hypertension</i>		
19. DATE OF OPERATION <i>0</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-23-53</i> to <i>12-24-53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-24-53</i> , 19 <i>53</i> , and that death occurred at <i>4:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>George R. Lemo</i> M. D.			23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>12/26/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/29/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Elmhurst Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore County</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>		ADDRESS <i>7208A 512 Convolutions Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS	

18/24/73

Lucinda Bowden

Wendy  
Baker

Providence Hospital

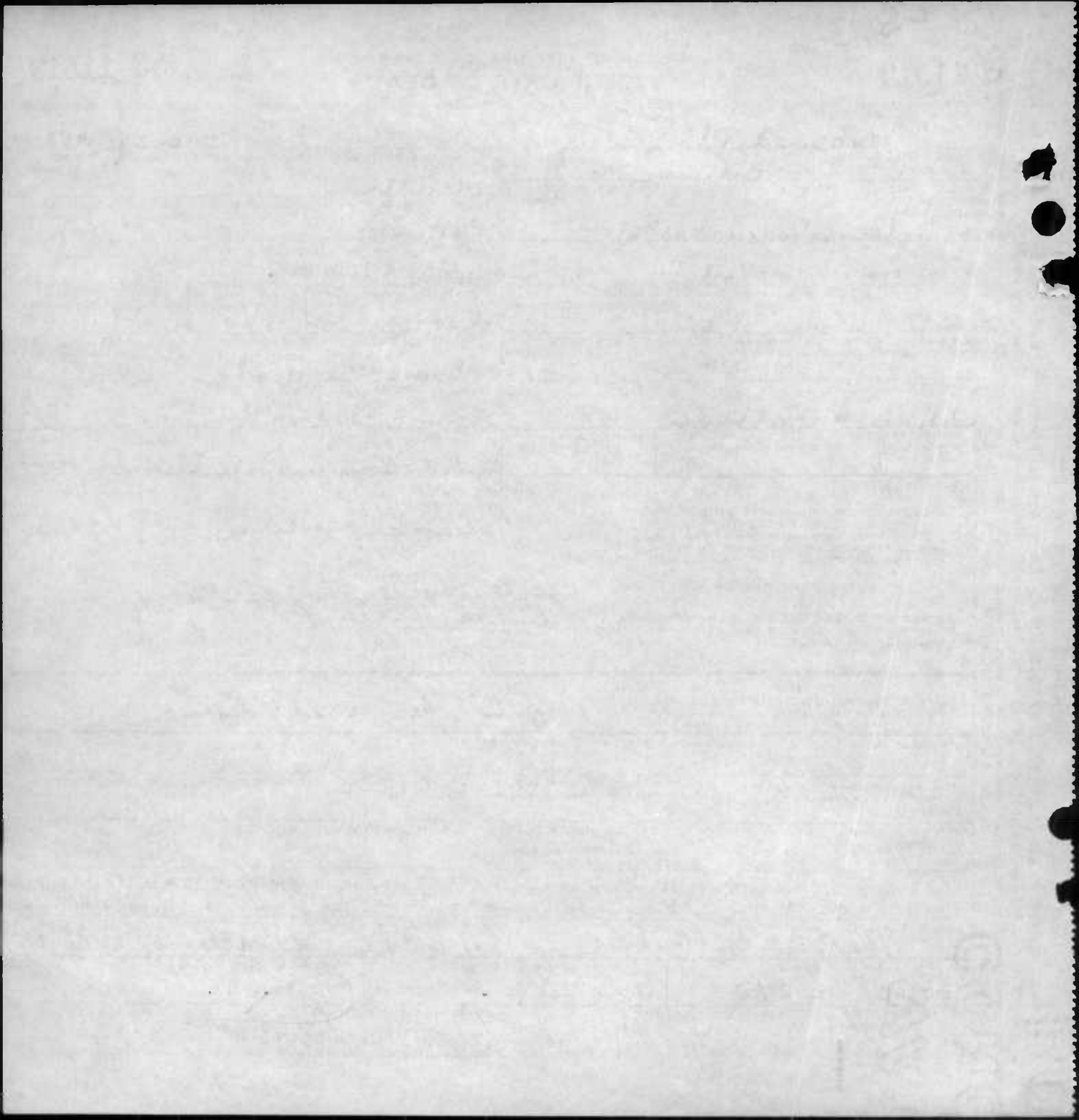
11/11/73

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-163  
53 11519BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11519

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Hubbard, Miss, Edna Marie</i>		2. DATE OF DEATH <i>Dec. 26, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home For Incurables 700 W. 40th St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>Keswick &amp; 40th Sts.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 20, 1896</i>	9. AGE (in years last birthday) <i>57</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William H. Hubbard</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Underhill</i>		17. INFORMANT <i>Charlotte Elterman, Home For Incurables records</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary edema</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arteriosclerotic cardiovascular disease</i>		(B) <i>arteriosclerotic cardiovascular disease</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertrophic arthritis, severe</i>		(C)			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1 Nov</i> 19 <i>53</i> to <i>26 Dec</i> , 19 <i>53</i> that I last saw the deceased alive on <i>26 Dec</i> , 19 <i>53</i> and that death occurred at <i>1:45</i> P.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harold P. Biehl</i>		23B. ADDRESS <i>11 E Chase St Balto</i>		23C. DATE SIGNED <i>26 Dec 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/29/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill Cem.</i>	
24D. LOCATION (City, town, or county) <i>Balto., Md.</i>		24E. FUNERAL DIRECTOR <i>Wm. F. Pickner &amp; Sons</i>		24F. ADDRESS <i>Balto 17, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 29 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. F. Pickner &amp; Sons</i>	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y-520

53 11520

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11520

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE RUSSELL YOUNG

2. DATE  
OF  
DEATH Dec. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2711 Berwick Ave.

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2711 Berwick Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 26, 1900

9. AGE (In years  
last birthday)

53

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Auditor

10B. KIND OF BUSINESS OR  
INDUSTRY

Transit Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Samuel J. Young

14. MOTHER'S MAIDEN NAME

Nellie V. Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

213-10-2964

17. INFORMANT

ADDRESS

Mrs. Mildred H. Young-2711 Berwick Ave.

18. 420.1

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Coronary occlusion & myocardial  
infarction

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

25 days

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec, 1953 to 27 Dec, 1953, that I last saw the  
deceased alive on 24 Dec, 1953, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

G. Allan Davis

M. O.

23B. ADDRESS

4408 Loch Raven Blvd

23C. DATE SIGNED

Dec. 28, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

12/31/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

DEC 29 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Chas. J. Pickner &amp; Sons

ADDRESS

Balto 17 Md.

VS 150

00051



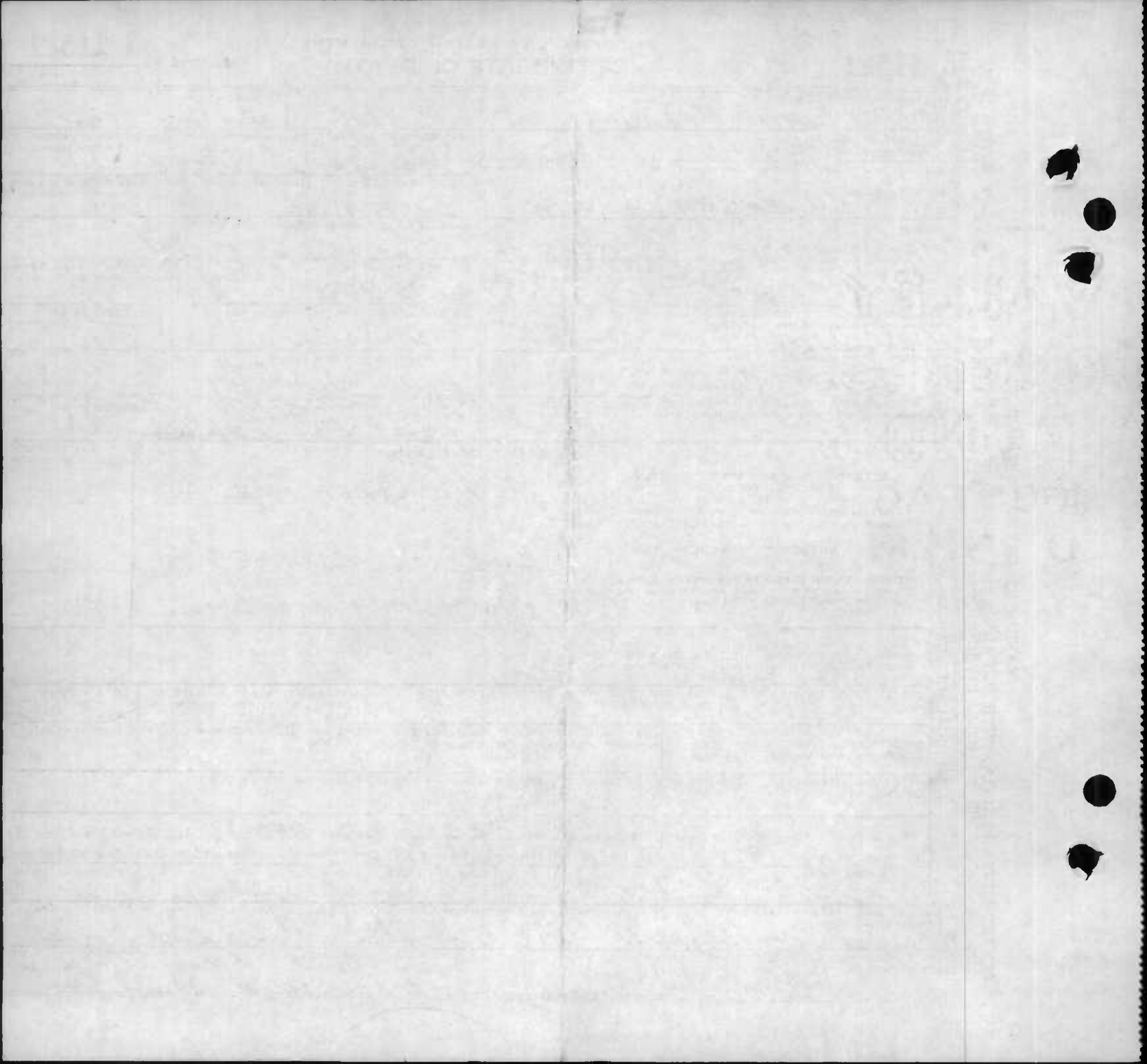




MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U-126		BALTIMORE CITY HEALTH DEPARTMENT		53 11521	
53 11521		BIRTH NO.		Registered No.	
1. NAME OF DECEASED (Type or Print) <u>EDITH UPSHUR</u>			2. DATE OF DEATH <u>12-26-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>NONE</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>UNIVERSITY HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <u>BALTIMORE</u>		
C. Length of stay in Baltimore <u>43</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1728 W. NORTH AVE</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>10-16-1900</u>	9. AGE (In years last birthday) <u>53</u>	10. Under 1 Year Months Days 11. Under 24 Hours Hour Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
13. FATHER'S NAME <u>JOHN CLARY</u>			14. MOTHER'S MAIDEN NAME <u>ELLA JOHNSON</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>		
17. Informant <u>Margaret Marshall</u>			18. Informant <u>1728 W. North Ave</u>		
18. <u>525X</u>			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			(A) <u>ACUTE CONGESTIVE FAILURE</u> 2 hrs.		
ANTECEDENT CAUSES			(B) <u>COR PULMONALE</u> 6 yrs.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) <u>PULMONARY FIBROSIS</u> 10 yrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>Y</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>DEC 18, 1953</u> to <u>DEC 26, 1953</u> that I last saw the deceased alive on <u>DEC 26, 1953</u> , and that death occurred at <u>12:35</u> pm., from the causes and on the date stated above.					
23A. SIGNATURE <u>Robert J. Singleton</u>			23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>12-26-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12/30/1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Heister Stas</u>		24D. LOCATION (City, town, or county) (State) <u>Cotonsville, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 29 1953</u>		REGISTRAR'S SIGNATURE <u>Funston Williams</u>		25. FUNERAL DIRECTOR <u>Stallard</u> ADDRESS <u>1631 David Hill Ave</u>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 W-425 11522		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11522 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>JANIE E. WILSON</b>		2. DATE OF DEATH <b>12/27/53</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>md.</b> b. COUNTY			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>38 University Hosp.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>			
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>1820 N. Bentall St.</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>6-25-96</b>	9. AGE (In years last birthday) <b>57</b>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clark</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Company</b>		11. BIRTHPLACE (State or foreign country) <b>Sanville, Va</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13. FATHER'S NAME <b>Adolphus Wilson</b>		14. MOTHER'S MAIDEN NAME <b>Janie Moore</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Ms. Willie A. Page</b>		17. INFORMANT ADDRESS <b>1820 N. Bentall St.</b>	
18. <b>634X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b>		CAUSE OF DEATH (A) <b>Uremia</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Lower nephron nephrosis</b> DUE TO		<b>5 days</b>	
		(C) <b>Myocardial infarction</b> DUE TO		<b>8 days</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Pneumonia</b>		<b>5 days</b>	
19a. DATE OF OPERATION <b>12/17</b>	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Postoperative bleed.</b>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12/15</b> , 19 <b>53</b> , to <b>12/27</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>2/22</b> , 19 <b>53</b> , and that death occurred at <b>11:00</b> Am., from the causes and on the date stated above.					
23a. SIGNATURE <b>J. H. Wilson</b>		23b. ADDRESS <b>University Hosp.</b>		23c. DATE SIGNED <b>12/27/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Dec. 29, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Sanville, Va</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 29 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Funeral Home</b>		ADDRESS <b>163 David Hill Ave</b>	
VS 150 <b>39073</b>					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-152577  
D-520  
53 11523BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11523

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sadie Jane Downs

2. DATE  
OF  
DEATH

12-23-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Baltimore, City Hospitals

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

?

9. AGE (In years,  
last birthday)

67?

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Horace Downs

(Dec.)

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
4940 Eastern Ave.  
Records: Baltimore City Hospitals

18.

490x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Chronic organizing Pneumonia-left

DUE TO

lower lobe

(C)

Pyometra

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27-1951 to 12-23-1953 that I last saw the  
deceased alive on 12-23-1953, and that death occurred at 10:45 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Baltimore, Md. 12-28-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 29 1953

Huntington Williams, M.D.

J. J. [unclear]

1318 Light St.







MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11524

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11524

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Dora C. Carr

2. DATE  
OF  
DEATH

12/27/53 10 P.M.

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto. 26 St.

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)  
607 N. Chapel Gate Lane

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/4/1883

9. AGE (In years last birthday)

70

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own House

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick W. Mangold

14. MOTHER'S MAIDEN NAME

Catherine (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mabel C. Sutton 607 N. Chapel Gate Lane

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis and occlusion

DUE TO

Advanced arteriosclerotic and hypertensive cardiovascular disease.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 March, 1953, to 27 Dec, 1953, that I last saw the deceased alive on 26 Dec, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Emil H. Henning, Jr.

M. D.

23B. ADDRESS

601 W. Wanss Way

23C. DATE SIGNED

29 Dec 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/30/53

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 29 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

G. L. G. Co. 1217 St. Paul St.

ADDRESS

VS 150

1871

CONTRACTS - ALL INFORMATION

AND INFORMATION

2-1-1871



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11525	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Lillian M. Mawn			12/27/53 7.m.		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			A. STATE		
1330 Cambria St.			Md.		
c. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Balto. MD.		
5. SEX			8. DATE OF BIRTH		
Female			8/16/1904		
6. COLOR OR RACE			9. AGE (In years last birthday)		
White			49		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			11. BIRTHPLACE (State or foreign country)		
Widowed			Balto. Md.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?		
Clerk					
10b. KIND OF BUSINESS OR INDUSTRY			14. MOTHER'S MAIDEN NAME		
New Amsterdam Ins. Co.			Alvina Preager		
13. FATHER'S NAME			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		
Chas. Otto Warzberger			No		
16. SOCIAL SECURITY NO.			17. INFORMANT		
			Donald Mawn 1330 Cambria St.		
18. I			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			Interval Between Onset and Death		
ANTECEDENT CAUSES			DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) Pneumonia		
			(B) Carcinoma of Cervix		
			DUE TO Hypertensive Heart Disease		
			(C)		
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 15, 1953 to Dec 27, 1953 that I last saw the deceased alive on 12/25, 1953, and that death occurred at 10:30 m., from the causes and on the date stated above.					
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED	
Samuel R. [Signature]		203 Calophas Ave.		12/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		12/31/53		U.S. National	
				Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 29 1953		Huntington Williams, Jr.		Wm. Cook Inc. 1217 St. Paul St.	

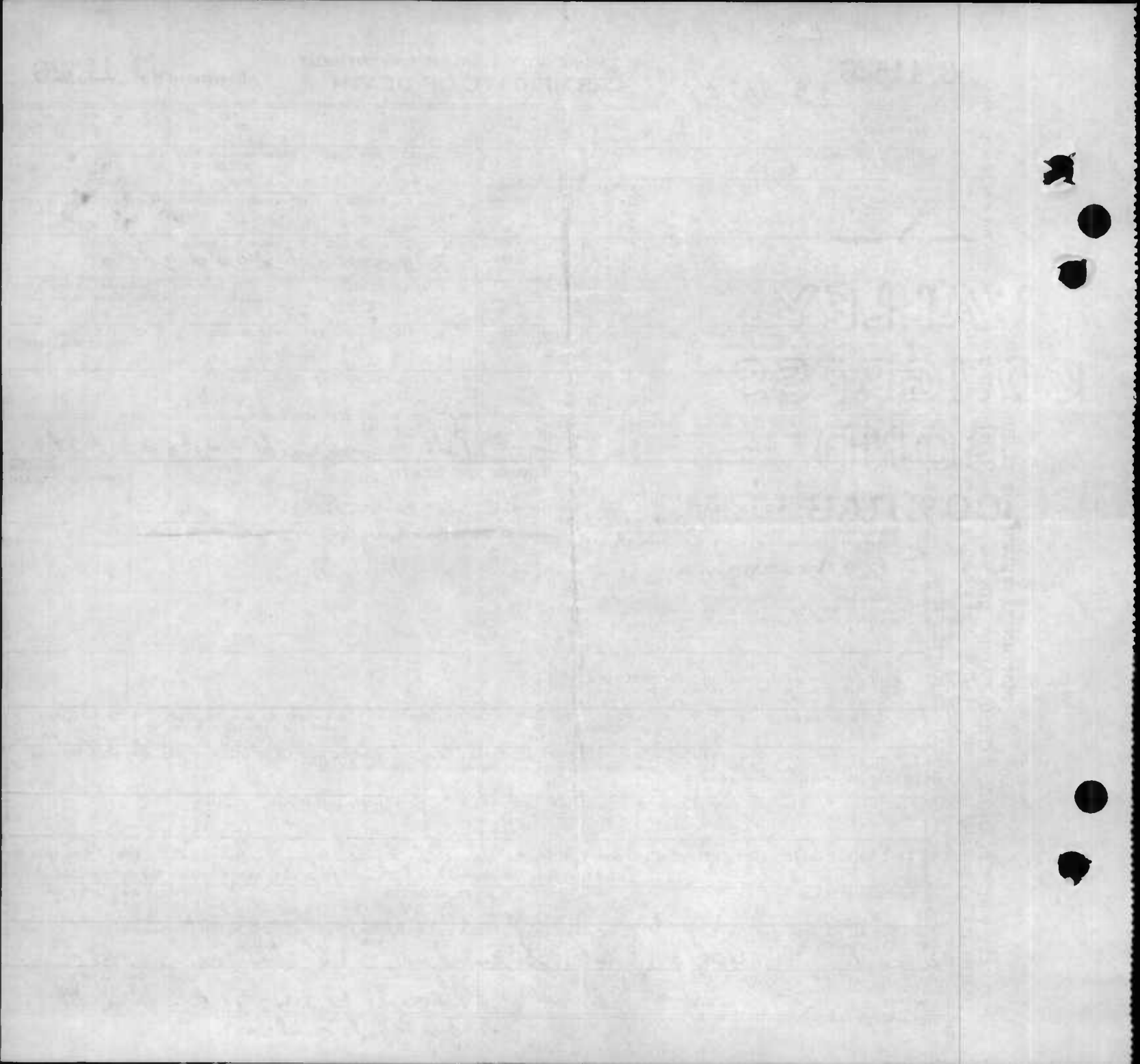


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11526		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11526	
BIRTH NO. 53-31721					
1. NAME OF DECEASED (Type or Print) BABY MROWCZYNSKI			2. DATE OF DEATH 12-29-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 1-03		
C. Length of stay in Baltimore 2 days			D. STREET ADDRESS (If rural, give location) 2308 Fleet St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 18-27-53	9. AGE (In years last birthday) 1	If Under 1 Year Months: Days: 23 Hours: Min. 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME Peter Mrowczynski			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Estelle Farver		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Peter Mrowczynski - 2308 Fleet St.		
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH Prematurity		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-27, 1953 to 12-29, 1953 that I last saw the deceased alive on 12-29, 1953 and that death occurred at 6:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Leon L. L. L.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12-29-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/29/53		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (State) Md.		24F. FUNERAL DIRECTOR George A. Weber - 7058 Ann St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 29 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. ADDRESS per Fred M. Weber	



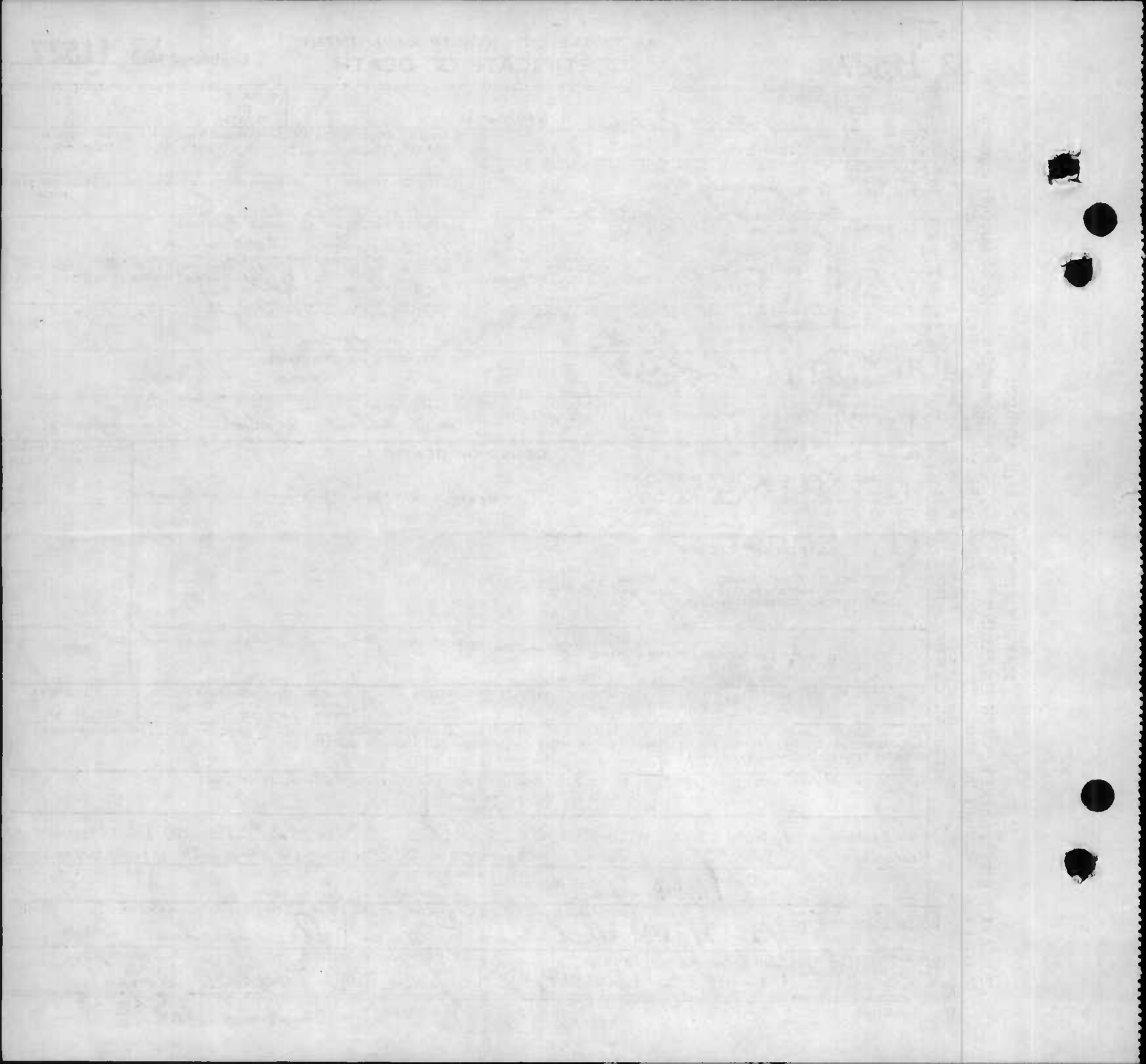




MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-625		TURCONI		BALTIMORE CITY HEALTH DEPARTMENT		X Registered No. 53 11527	
53 11527		BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Edna Irene Turconi</i>		2. DATE OF DEATH <i>12/28/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>AA</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hosp. Baltimore, Maryland</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis 5310</i>			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>111 Chester Avenue</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>		8. DATE OF BIRTH <i>1905, 11 m. 3rd day</i>	9. AGE (In years, last birthday) <i>48</i>	H Under 1 Year Months: Days	H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Clerk</i>		11. BIRTHPLACE (State or foreign country) <i>Annapolis</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles E. Rodgers</i>				14. MOTHER'S MAIDEN NAME <i>Mary Anna Johnson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Albert Wilde. Annapolis</i>		ADDRESS	
18. <i>204.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) <i>chronic myelogenous leukemia</i> DUE TO (B) _____ DUE TO (C) _____ <i>mesenteric &amp; portal vein thrombosis</i>			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12/25/1953</i> to <i>12/28/1953</i> that I last saw the deceased alive on <i>8:45 PM 12/28</i> and that death occurred at <i>9:00 PM</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>Sachidin Masari</i> M.D.				23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>12/29/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>12-31-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Hellerest Mem.</i>		24D. LOCATION (City, town, or county) (State) <i>Annapolis Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 29 1953</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>John M. Taylor - Son</i>		ADDRESS <i>Annapolis Md.</i>	



C-640  
53 11528BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11528

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Mr. Harry S. Caryl</u>		2. DATE OF DEATH <u>12/28/53</u>	
3. PLACE OF DEATH: <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		5. CITY OR TOWN (If outside corporate limits, write FULL name and give township) <u>Baltimore #128</u>	
6. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bon Secours Hospital</u> <u>2025 W. Fayette St.</u>		7. STREET ADDRESS (If rural, give location) <u>4305 Clifton Rd.</u>		8. LENGTH OF STAY IN BALTIMORE <u>34</u> Yrs. <u>23</u> Mos. <u>0</u> Days	
9. SEX <u>M</u>	10. COLOR OR RACE <u>W</u>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	12. DATE OF BIRTH <u>7/4/80</u>	13. AGE (In years last birthday) <u>73</u>	14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
15A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Stoker Dept. Fuel</u>		15B. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>	
17. FATHER'S NAME <u>Josiah D. Caryl</u>		18. MOTHER'S MAIDEN NAME <u>Sylvia Stearns</u>		19. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		21. SOCIAL SECURITY NO.		22. INFORMANT ADDRESS <u>Kathryn E. Caryl 4305 Clifton Road</u>	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(A) Carcinoma of the Sigmoid</u> <u>DUE TO with generalized metastasis</u>		24. CAUSE OF DEATH <u>(B) ...</u> <u>(C) ...</u>		25. INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 1 year</u>	
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(B) ...</u> <u>(C) ...</u>		27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		28. MEDICAL CERTIFICATION	
29. DATE OF OPERATION <u>10/26/53</u>		30. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid c metastasis (generalized)</u>		31. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
32. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		33. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
35. TIME (Month) (Day) (Year) (Hour) OF INJURY		36. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. HOW DID INJURY OCCUR?	
38. I hereby certify that I attended the deceased from <u>12/8/53</u> , 19 <u>53</u> , to <u>12/28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/28</u> , 19 <u>53</u> , and that death occurred at <u>10:00</u> a. m., from the causes and on the date stated above.					
39. SIGNATURE <u>Bernard J. Burner</u>		40. ADDRESS <u>Bon Secours Hospital</u> <u>2025 W. Fayette St.</u>		41. DATE SIGNED <u>12/28/53</u>	
42. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		43. DATE <u>12-31-1953</u>		44. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	
45. LOCATION (City, town, or county) (State) <u>Randallstown, Md.</u>		46. DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 29 1953</u>		47. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
48. FUNERAL DIRECTOR <u>G. Howard Strong</u>		49. ADDRESS <u>3207 W. North Ave.,</u>		50. VS 150	

29066

STATE OF TEXAS  
COUNTY OF DALLAS

Know all men by these presents,

that \_\_\_\_\_

of the County of \_\_\_\_\_

State of \_\_\_\_\_

do hereby certify that \_\_\_\_\_

is the true and correct \_\_\_\_\_

of the \_\_\_\_\_

and that \_\_\_\_\_

is the true and correct \_\_\_\_\_

of the \_\_\_\_\_

and that \_\_\_\_\_

is the true and correct \_\_\_\_\_

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and that \_\_\_\_\_

is the true and correct \_\_\_\_\_

of the \_\_\_\_\_

and that \_\_\_\_\_

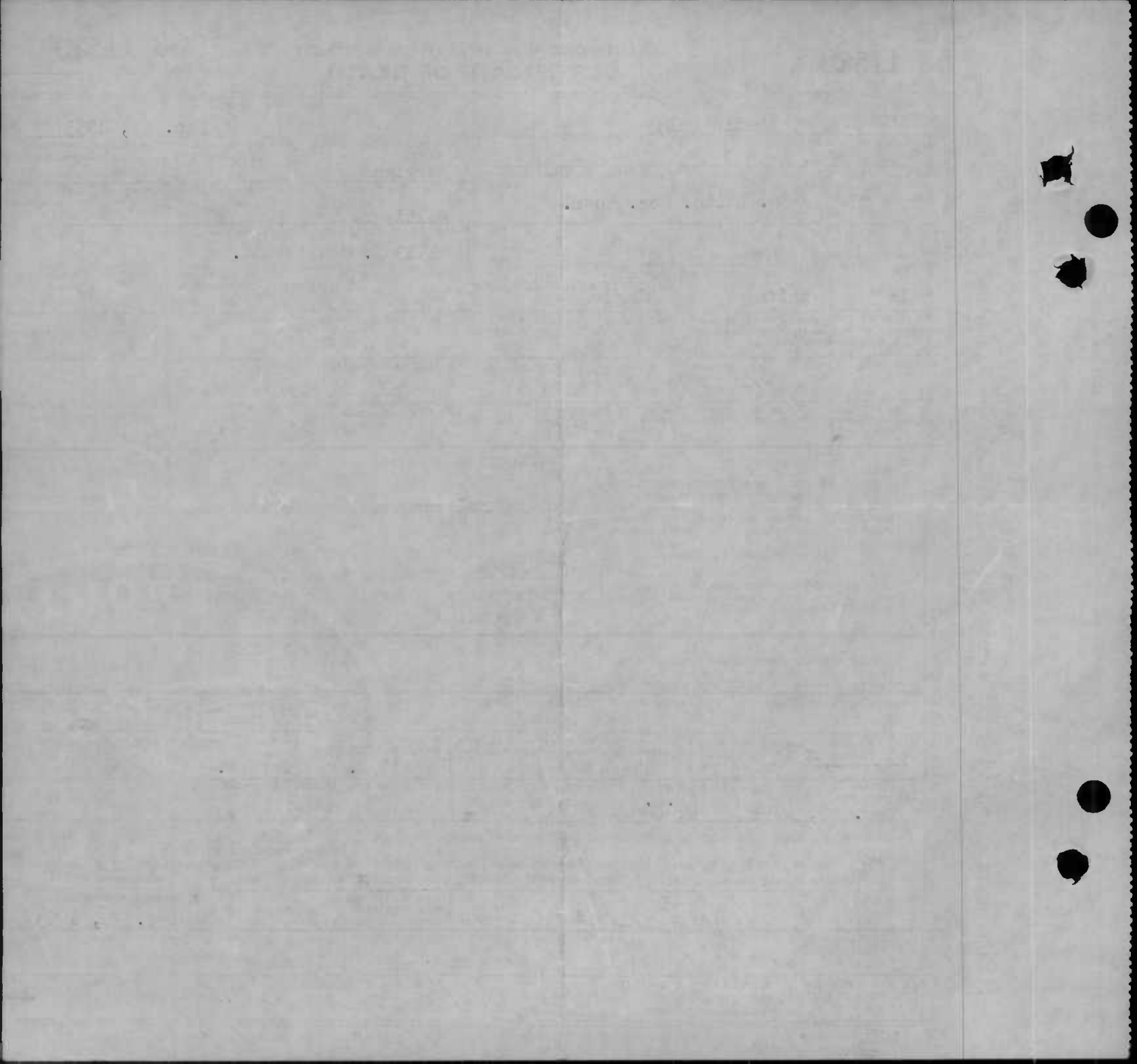
is the true and correct \_\_\_\_\_

of the \_\_\_\_\_

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-400 53 11529		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11529 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>Austin Lulay</b>				2. DATE OF DEATH <b>Dec. 27, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>So. Balto. Gen. Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write it out and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>1513 S. Charles St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>11/27/47</b>		9. AGE (In years last birthday) <b>6</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Boy</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Balto.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Postin Fe. Jr.</b>			14. MOTHER'S MAIDEN NAME <b>Elsie Hale</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Family Name</b> ADDRESS		
18. <b>E936.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Subdural hemorrhage left</b> <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Massive cerebral edema due to hypoxia of brain due to ligature suspension</b>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1513 S. Charles St. 23/2</b>		
21D. TIME (Month) (Day) (Year) OF INJURY <b>Dec. 22, 1953</b>		21E. INJURY OCCURRED P.M. <b>4:30</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Hanged self with rope</b>		
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. Fisher</b>			23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> M.D. <b>Dec. 28, 1953</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>12/31/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Bals Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Balto.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 29 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>130 E. Towson Ave</b>		
VS 151 <b>N 854.0</b>					





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-200		CERTIFICATE CORRECTED 1-7-54		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 11530	
53 11530							
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) CLEMITH S. CAGE				2. DATE OF DEATH 12/27/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland 1520 Jackson St.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1520 Jackson Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12/22/53 1893	9. AGE (In years last birthday) 60	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor				10B. KIND OF BUSINESS OR INDUSTRY B & O R.R.		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?				14. MOTHER'S MAIDEN NAME Ada Wilson			
13. FATHER'S NAME Henry				17. INFORMANT ADDRESS Family - Same			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO.			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Coronary artery disease DUE TO (C) myocardial infarction INTERVAL BETWEEN ONSET AND DEATH Mi. Naps			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? 3/27/47			
22. I hereby certify that I attended the deceased from 12/27/53, to 9/26, 1953, that I last saw the deceased alive on 9/26, 1953, and that death occurred at A. m., from the causes and on the date stated above.							
23A. SIGNATURE J. S. Wilson				23B. ADDRESS 107 E. West St.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 12/31/53		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cokesbury		24D. LOCATION (City, town, or county) (State) Baltimore Harford Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Ave.			

1941

W. E. A.  
1941-1942

1941-1942

1941-1942

1941-1942



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

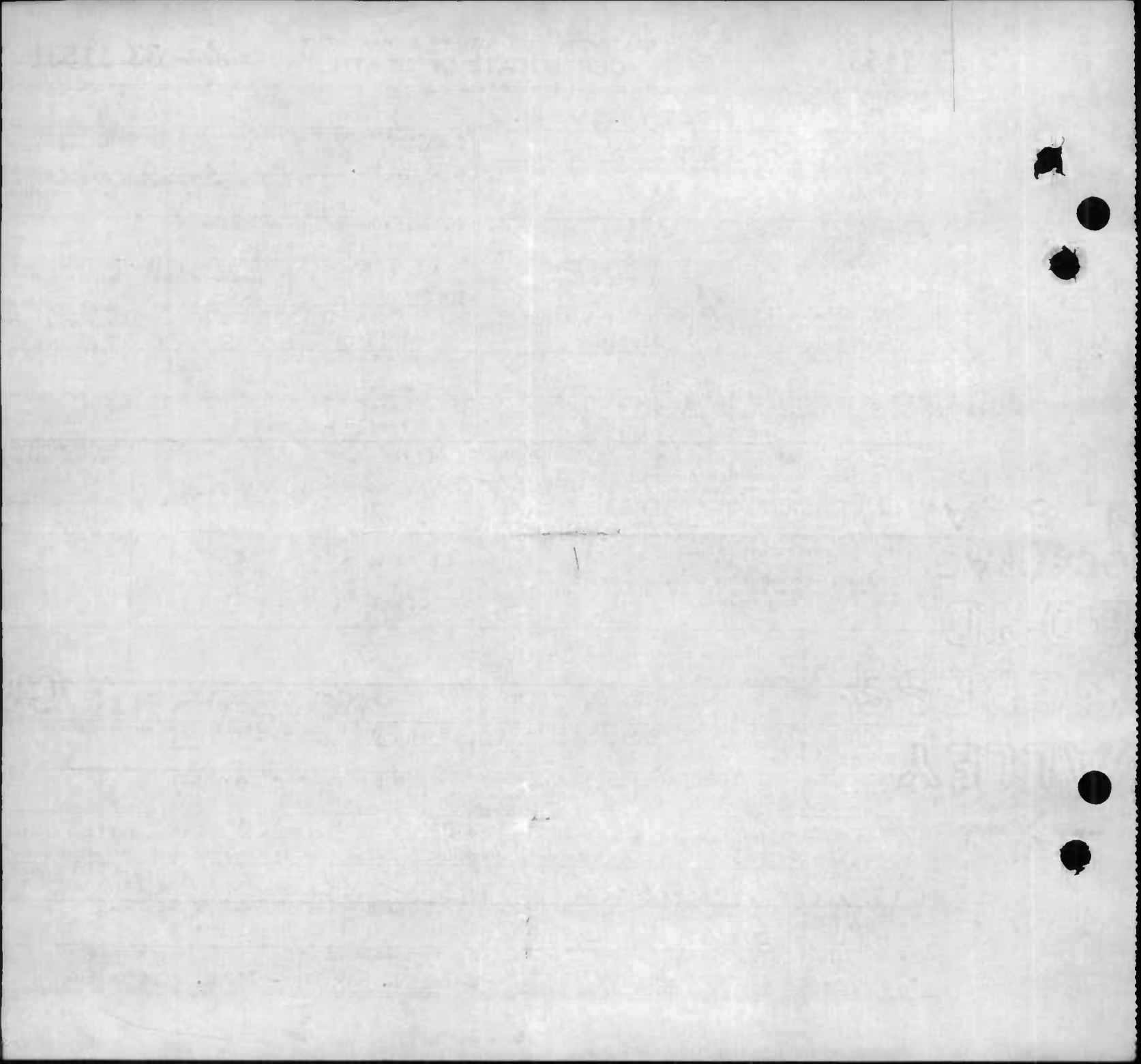
R-100  
53 11531

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11531

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>EDWARD J. RABB SR.</b>			2. DATE OF DEATH <b>12/28/53</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland 1839 Light Street</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			D. STREET ADDRESS (If rural, give location) <b>1839 Light Street</b>			E. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>10/20/99</b>		9. AGE (In years last birthday) <b>54</b>		10. Under 1 Year Months: Days: Hours: Min.	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Airlines</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>Benjamin</b>			14. MOTHER'S MAIDEN NAME <b>Anna Zang</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes Army</b>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Family - Same</b>		
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO <b>Coronary sclerosis</b> DUE TO <b>Arteriosclerosis</b> DUE TO <b>Hypertension</b>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <b>12/15</b> , 19 <b>53</b> , to <b>12/28</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12/28</b> , 19 <b>53</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.			23A. SIGNATURE <b>John A. Scheurich</b>		
23B. ADDRESS <b>1337 S Charles St</b>			23C. DATE SIGNED <b>12/29/53</b>			24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		
24B. DATE <b>12/31/53</b>			24C. NAME OF CEMETERY OR CREMATORY <b>Glen Haven</b>			24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>		
25. FUNERAL DIRECTOR ADDRESS <b>James L. McCully - 130 E. Fort Avenue</b>			26. DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 29 1953</b>			27. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		

68356



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11532

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Victor Louis ~~Boucsein~~ BOUCSEIN2. DATE  
OF  
DEATH

12-28-53

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE MD B. COUNTY BALT.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1526 LAFAYETTE AVE.

FULL NAME OF HOSPITAL OR INSTITUTION

Church Home Hospital

c. Length of stay in Baltimore

71

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

1-7-82

9. AGE (In years last birthday)

71

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

wholesale grocery

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis ~~Boucsein~~ Boucsein

14. MOTHER'S MAIDEN NAME

Caroline ~~Boucsein~~ OTTO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Elsa Haupt 100 W 34<sup>th</sup> St.

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atherosclerotic Heart disease 10 yrs.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1953, to 12-28, 1953 that I last saw the deceased alive on 12-28, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jack C. Callerin

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

12-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/31/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balt., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 29 1953

Huntington Williams, M.D.

Thim. J. Pickner &amp; Sons



1133

MASSACHUSETTS  
SOUTHERN RAILROAD

STATION

DATE

TIME

CLASS

FARE

TOTAL

NAME

AGE

SEX

RELATION

RESIDENCE

OCCUPATION

EDUCATION

RELIGION

POLITICAL

ETHNICITY

LANGUAGE

RELIGIOUS

POLITICAL

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MARGIN RESERVED FOR BINDING

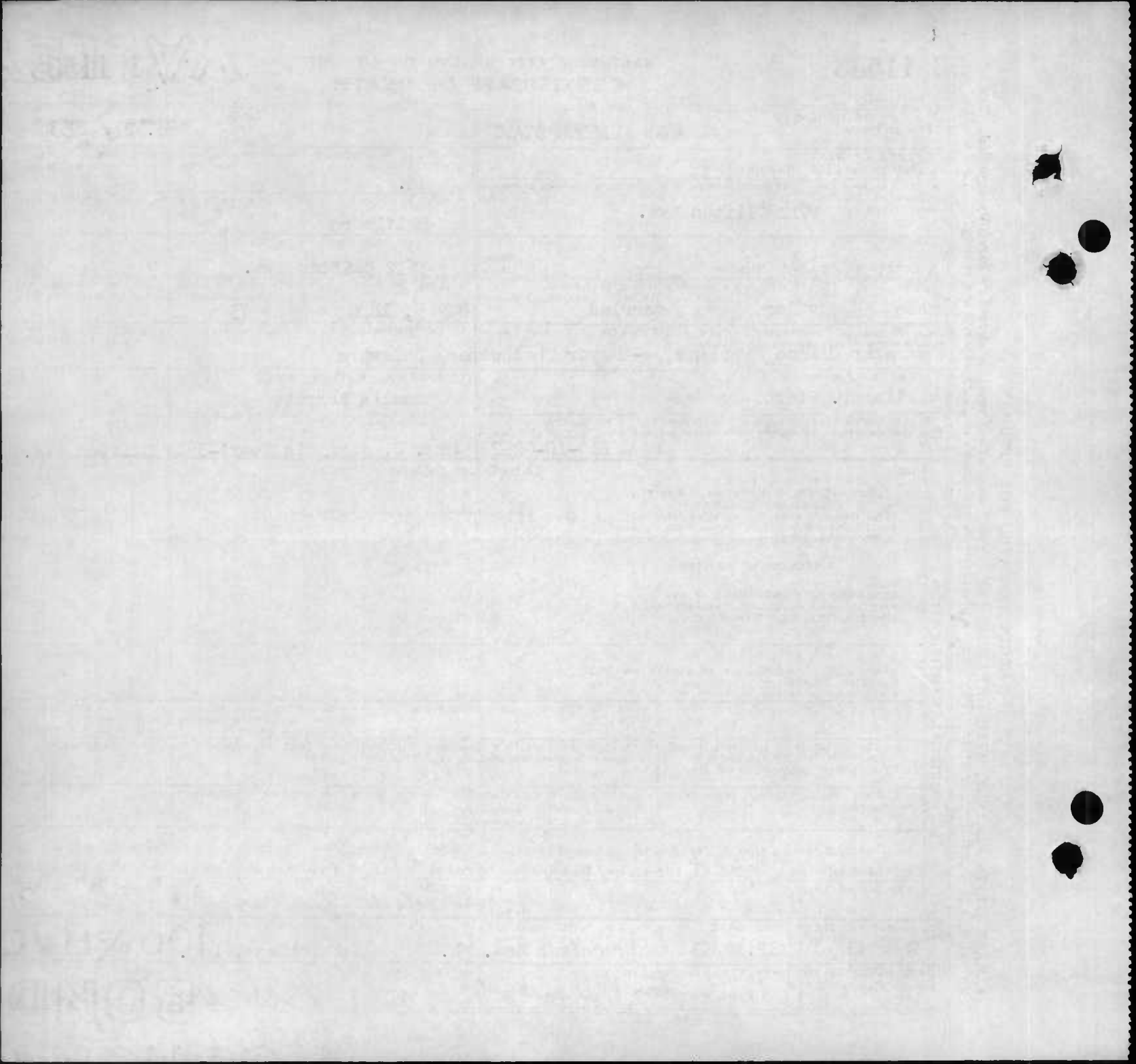
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-363  
53 11533

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11533

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN ALLISON START		Dec. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
3512 Clifton Ave.			Md.		
C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)			D. STREET ADDRESS (If rural, give location)		
Baltimore			3512 Clifton Ave.		
c. Length of stay in Baltimore	Yrs. Mos. Days				
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
male	white	married	May 5, 1880	73	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Manager Office Supplies - Meyer Thalheimer			Delaware		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
William B. Start			Amelia Parrott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no		216-10-0252		Mrs. J. Virginia Start-3512 Clifton Ave.	
18. 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					INTERVAL BETWEEN ONSET AND DEATH
(A) Lymphosarcoma					8 months
DUE TO					
19. ANTECEDENT CAUSES					
(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1951, to Dec 27, 1953, that I last saw the deceased alive on Dec 27, 1953, and that death occurred at 7:00 p. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
A. Allan Spier		4408 Loch Raven Blvd		Dec 28, 1953	
M. D.					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Removal		12.30/53		Gracelawn Mem. Pk.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Farnhurst, Del.		Wm. J. Pickner		2400 17. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. ADDRESS	
DEC 29 1953		Huntington Williams			
VS 150 2906U					



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

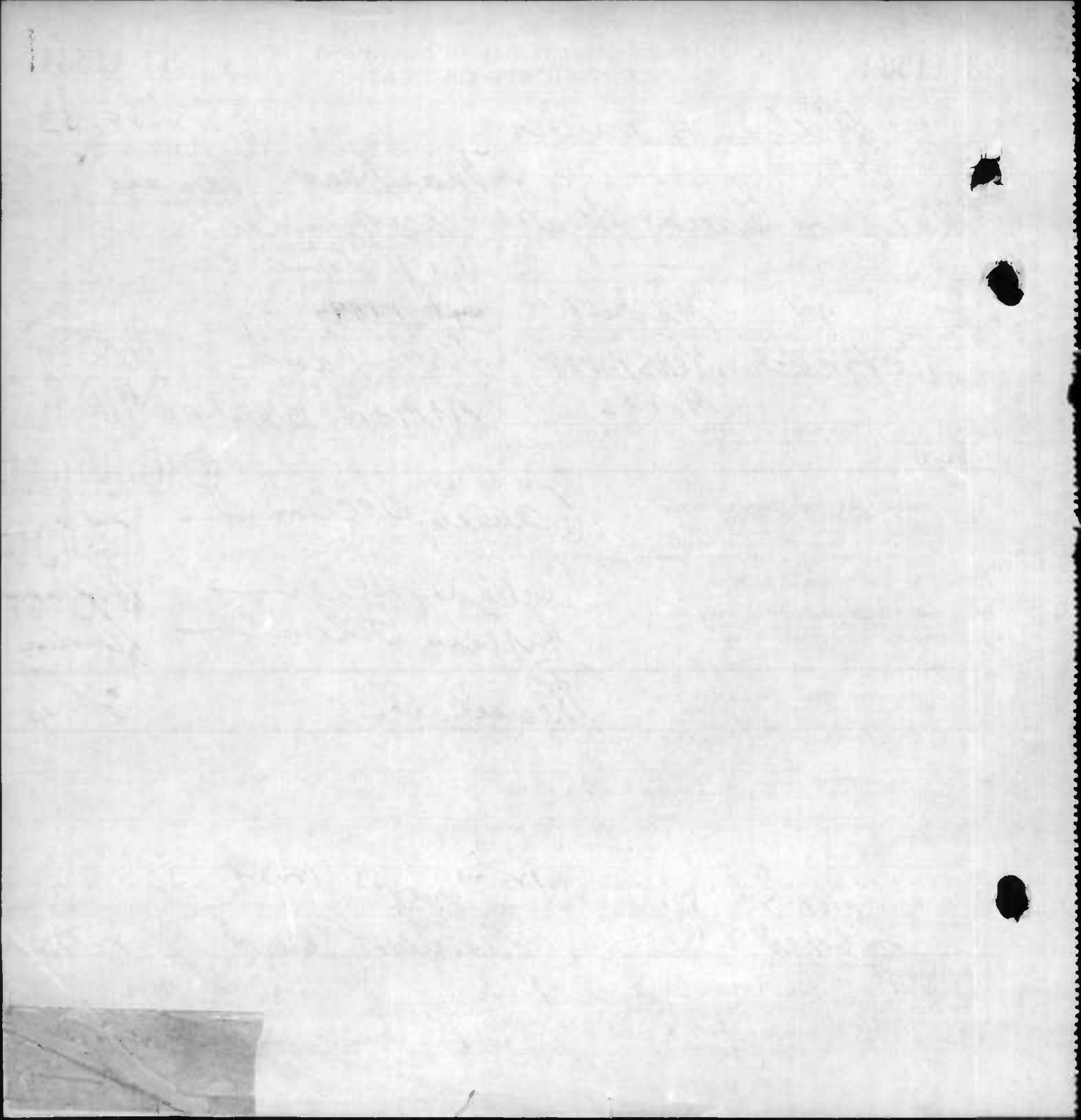
M-620  
53 11534

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11534

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>William H. Myers</i>			2. DATE OF DEATH <i>12-29-53</i>		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Carroll</i>					
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Thailand General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Bethesda 5641</i>					
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>317 Stone Lane</i>					
7. SEX <i>M</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>Sept. 1, 1894</i>		11. AGE (In years last birthday) <i>79</i>		12. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>NEWSPAPER</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
13. FATHER'S NAME <i>Myers</i>			14. MOTHER'S MAIDEN NAME <i>MARION EVERHART</i>			12. CITY OF WHAT COUNTRY? <i>US</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH (A) <i>Coronary occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>		
ANTECEDENT CAUSES			(B) <i>Coronary Sclerosis</i>			<i>Under 1 Year</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) <i>Arteriosclerosis</i>			<i>Under 1 Year</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			<i>Pneumonia</i>			<i>3 days</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>12-21</i> , 19 <i>53</i> , to <i>12-29</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-29</i> , 19 <i>53</i> , and that death occurred at <i>8:54</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>David T. Rees</i>			23B. ADDRESS <i>Maryland General</i>			23C. DATE SIGNED <i>12-29-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Jan 1-1953</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Deer Park</i>		
24D. LOCATION (City, town, or county) <i>Carroll Co. Md</i>			24E. LOCATION (State) <i>Md</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 29 1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>			25. FUNERAL DIRECTOR ADDRESS <i>4 Bankard, Son &amp; Associates Md</i>		



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 11535**BIRTH NO. **B-520**

1. NAME OF DECEASED (Type or Print) <b>HOWARD BENNICK</b>			2. DATE OF DEATH <b>December 29, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>North Carolina</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Concord</b>		
C. Length of stay in Baltimore <b>2 yrs.</b>			D. STREET ADDRESS (If rural, give location)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>Feb. 2, 1914</b>	9. AGE (In years last birthday) <b>39</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>textile worker</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Concord, N. C.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>William Bennick</b>			14. MOTHER'S MAIDEN NAME <b>unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Warren Granham Kannapolis, N. C.</b>		

18. **E812.9**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)CAUSE OF DEATH  
(A) **Massive skull fracture**  
DUE TO **crushing injury of head**

INTERVAL BETWEEN ONSET AND DEATH

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Pratt St. near Commerce St. 4/1</b>	
21D. TIME (Month) (Day) (Year) (Hour) Dec. 29, 1953 2:35a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Apparently struck by hit and run vehicle</b>	
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from <b>Autopsy, Inspection or Inquiry</b> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Dec. 29, 1953</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Dec. 31, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Greenhawn</b>	24D. LOCATION (City, town, or county) (State) <b>Rowan Co. N. C.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 29 1953</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>John O. Mitchell</i> <b>1900 Eutaw Place</b>
VS 151 js		<b>69045</b>	

N803.2

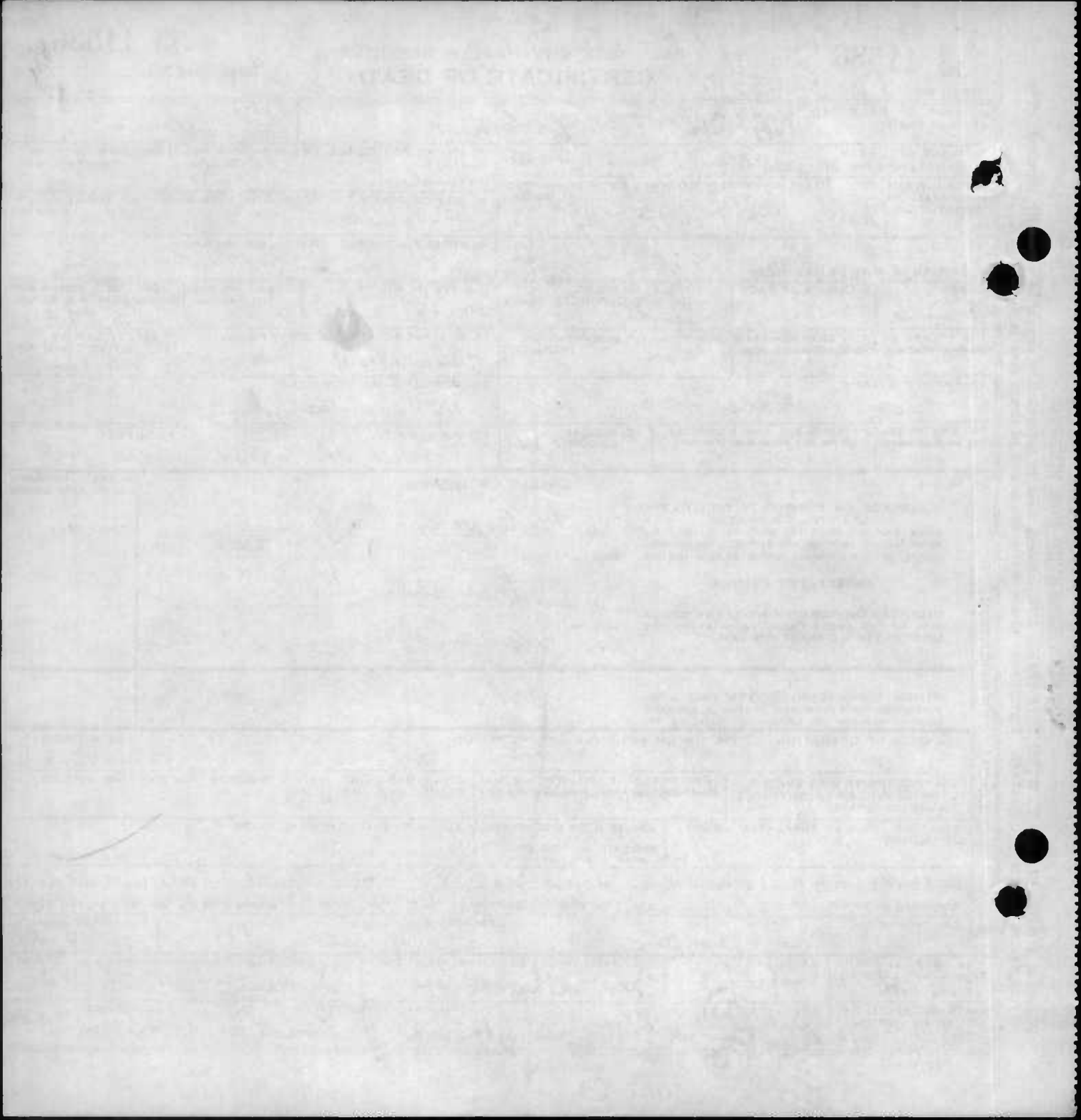
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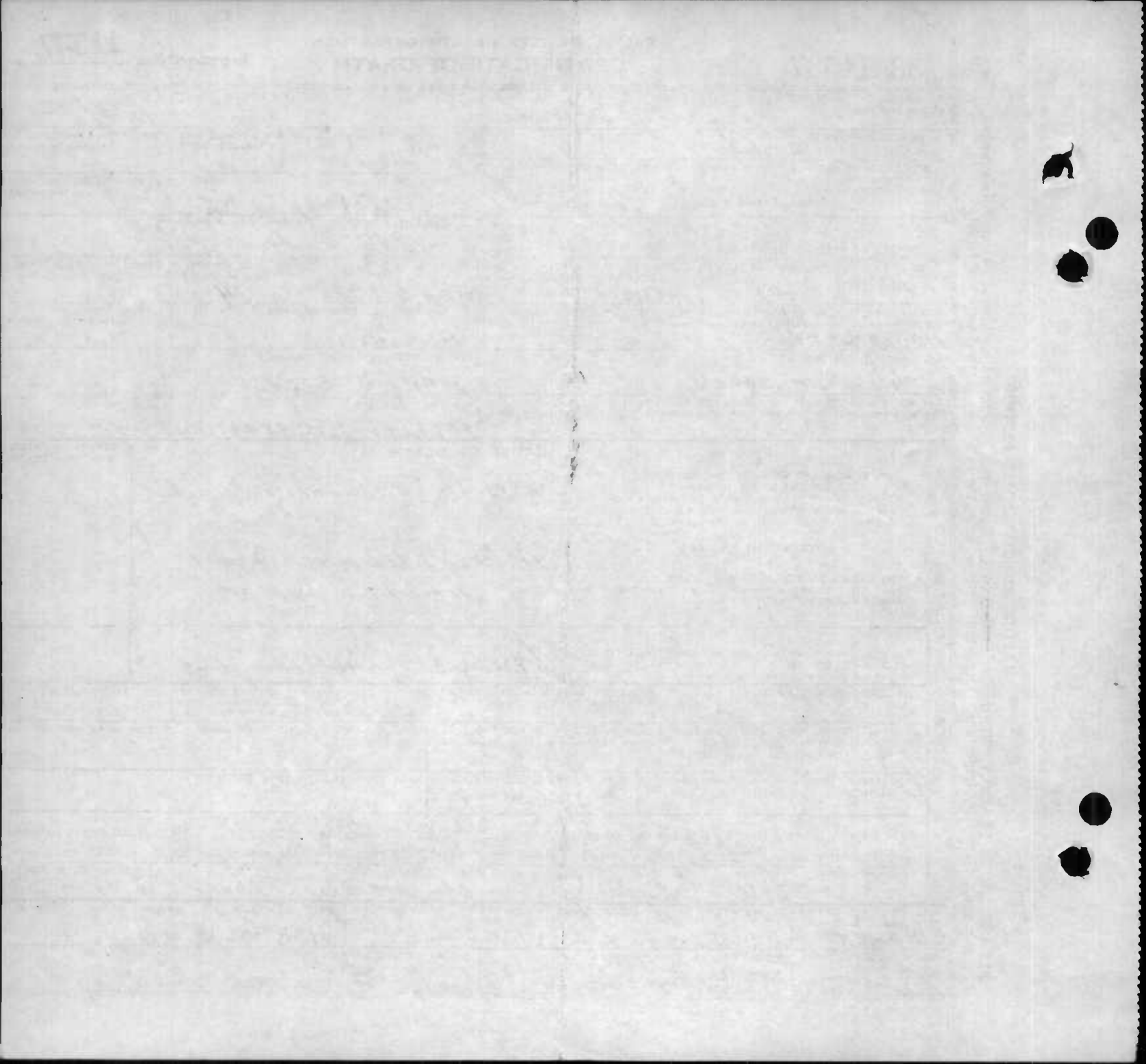
W-420		53 11536		BALTIMORE CITY HEALTH DEPARTMENT		53 11536	
BIRTH NO. 53-32123		CERTIFICATE OF DEATH				Registered No.	
1. NAME OF DECEASED (Type or Print) WALSH (BABY GIRL)				2. DATE OF DEATH December 29, 53			
3. PLACE OF DEATH: Baltimore City, Maryland Church Home + Hospital				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
5. FULL NAME OF HOSPITAL OR INSTITUTION Church Home + Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04			
6. Length of stay in Baltimore wife				D. STREET ADDRESS (If rural, give location) 1119 Kevin Road: (Mother's address)			
7. SEX Female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		10. DATE OF BIRTH Dec. 28, 53		11. AGE (In years last birthday) one 7 29	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Church Home + Hospital		12. CITIZEN OF WHAT COUNTRY? America	
13. FATHER'S NAME Thomas Walsh				14. MOTHER'S MAIDEN NAME Patricia Harman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Patricia H. Walsh		ADDRESS 1119 Kevin Road.	
18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) No Expansion of Lungs DUE TO (B) Premature Birth DUE TO (C) Toxemia of Pregnancy in Mother. INTERVAL BETWEEN ONSET AND DEATH Since birth.				II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) No			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY No		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 28, 1953, to Dec. 29, 1953, that I last saw the deceased alive on Dec. 29, 1953, and that death occurred at 11:25 A.M., from the causes and on the date stated above.							
23A. SIGNATURE Pedro S. de Bora M. D.				23B. ADDRESS Church Hospital		23C. DATE SIGNED 12-29-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/30/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem		24D. LOCATION (City, town, or county) (State) Indiana Rd Balh	
DATE RECEIVED BY LOCAL REGISTRAR DEC 30 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Thomas J. Kenny		ADDRESS 1606 Hollins	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 11537	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. 53 11537				1. NAME OF DECEASED (Type or Print) <i>Margaret Stevenson</i>	
2. DATE OF DEATH <i>12/28/53</i>				3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>	
D. STREET ADDRESS (If rural, give location) <i>1802 Cutaw Pl.</i>				E. LENGTH OF STAY IN BALTIMORE	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	
8. DATE OF BIRTH <i>JAN 3, 1878</i>		9. AGE (In years last birthday) <i>74</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWORK</i>	
11. BIRTHPLACE (State or foreign country) <i>VIRGINIA</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>LEWIS HANSFORD</i>	
14. MOTHER'S MAIDEN NAME <i>MARY J. STOKES</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>FRANCES B. CASEY</i>		ADDRESS <i>3028 GRANTLY Rd.</i>		18. <i>422.1</i> CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)				INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Multiple Pulmonary Emboli</i>					
DUE TO					
(B) <i>Arteriosclerotic Cardiovascular Disease</i>					
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Cerebral Thrombosis - old</i>					
19A. DATE OF OPERATION <i>7</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>12/25, 1953</i> to <i>12/28, 1953</i> , that I last saw the deceased alive on <i>12/28, 1953</i> , and that death occurred at <i>11 a.m.</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>L. W. Elgin, Jr.</i> M. D.	
23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>12/28/53</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>SHIPMENT</i>	
24B. DATE <i>DEC 30/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>ELMWOOD</i>		24D. LOCATION (City, town, or county) (State) <i>NORFOLK, VA.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Austin E. Donovan</i> ADDRESS <i>3815 Roland Ave.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 115385-530  
53 11538

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Smith Henry C2. DATE  
OF  
DEATH12/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONUniversity HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)Baltimore 13-03

D. STREET ADDRESS (If rural, give location)

2412 Woodbrook Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

C7. SINGLE, MARRIED  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1/2/819. AGE (In years  
last birthday)72M Under 1 Year  
Months: DaysM Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Waiter10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF  
WHAT COUNTRY?USA

13. FATHER'S NAME

Stanley Smith

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)Unknown16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Blanch Smith 2412 Woodbrook18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Multiple Pulmonary embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Thrombo Phlebitis

DUE TO

(C) Carcinoma of Hepatic Flexure

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/23/5319B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIntestinal ObstructionIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/22, 1953 to 12/29, 1953 that I last saw the  
deceased alive on 12/28, 1953 and that death occurred at 6 Am., from the causes and on the date stated above.

23A. SIGNATURE

Charles W. McQuinn, Jr. M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12/29/5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

1-2-54

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,Md.DATE RECEIVED BY  
LOCAL REGISTRAR

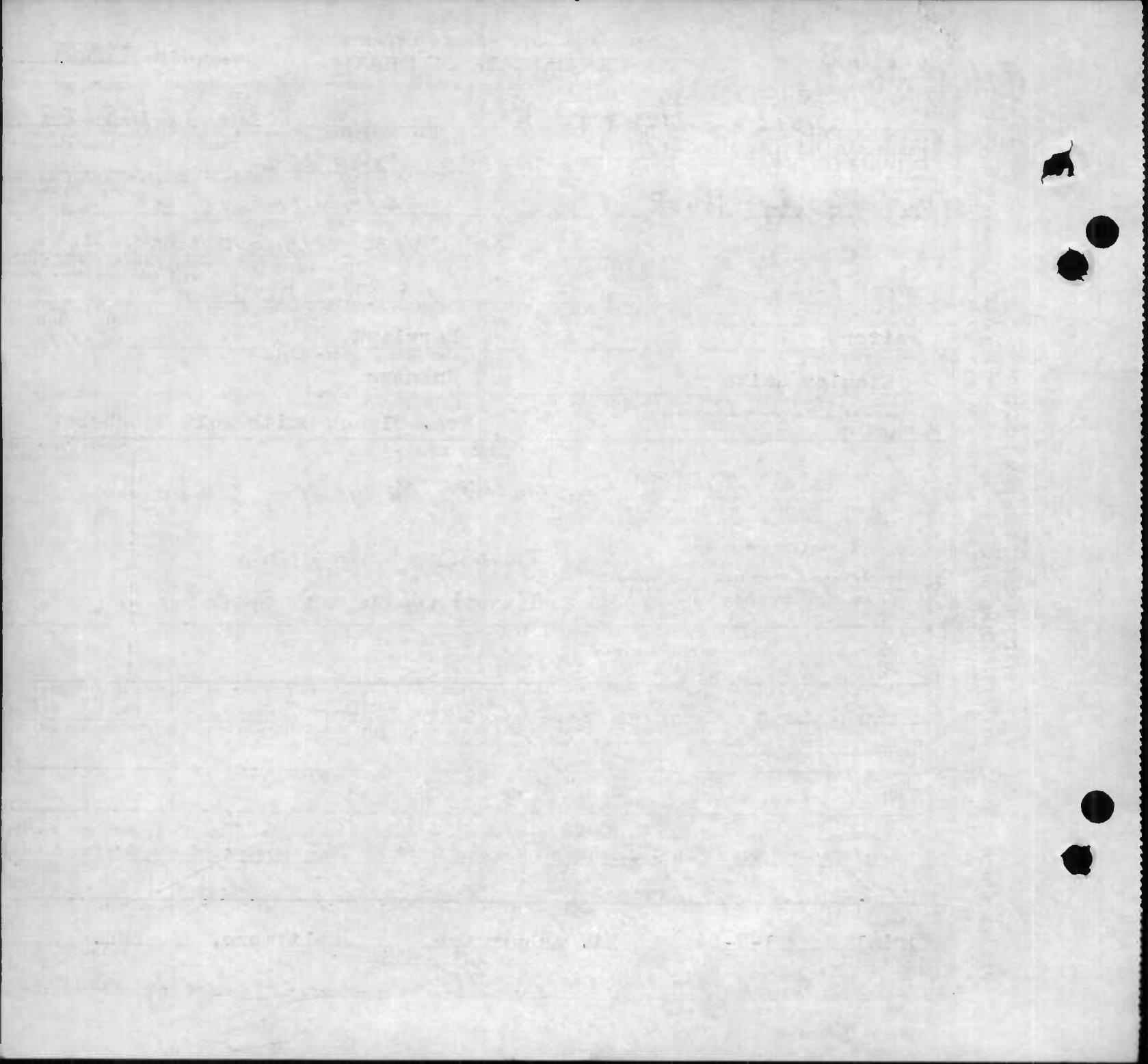
REGISTRAR'S SIGNATURE

DEC 30 1953 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS 5780Mrs. Frances K. Hensley Biddle







MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11539

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11539

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM H. DOWNS

2. DATE  
OF  
DEATH

11-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 23-01

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

212 W. CROSS ST.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1-23-1878

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. Downs

14. MOTHER'S MAIDEN NAME

Caroline ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
M's Flora Wells 511 N. Carlton St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRO VASCULAR ACCIDENT

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27-1953, to 12-27-1953, that I last saw the deceased alive on 12-27-1953, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis M. And

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

12-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-30--53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 30 1953

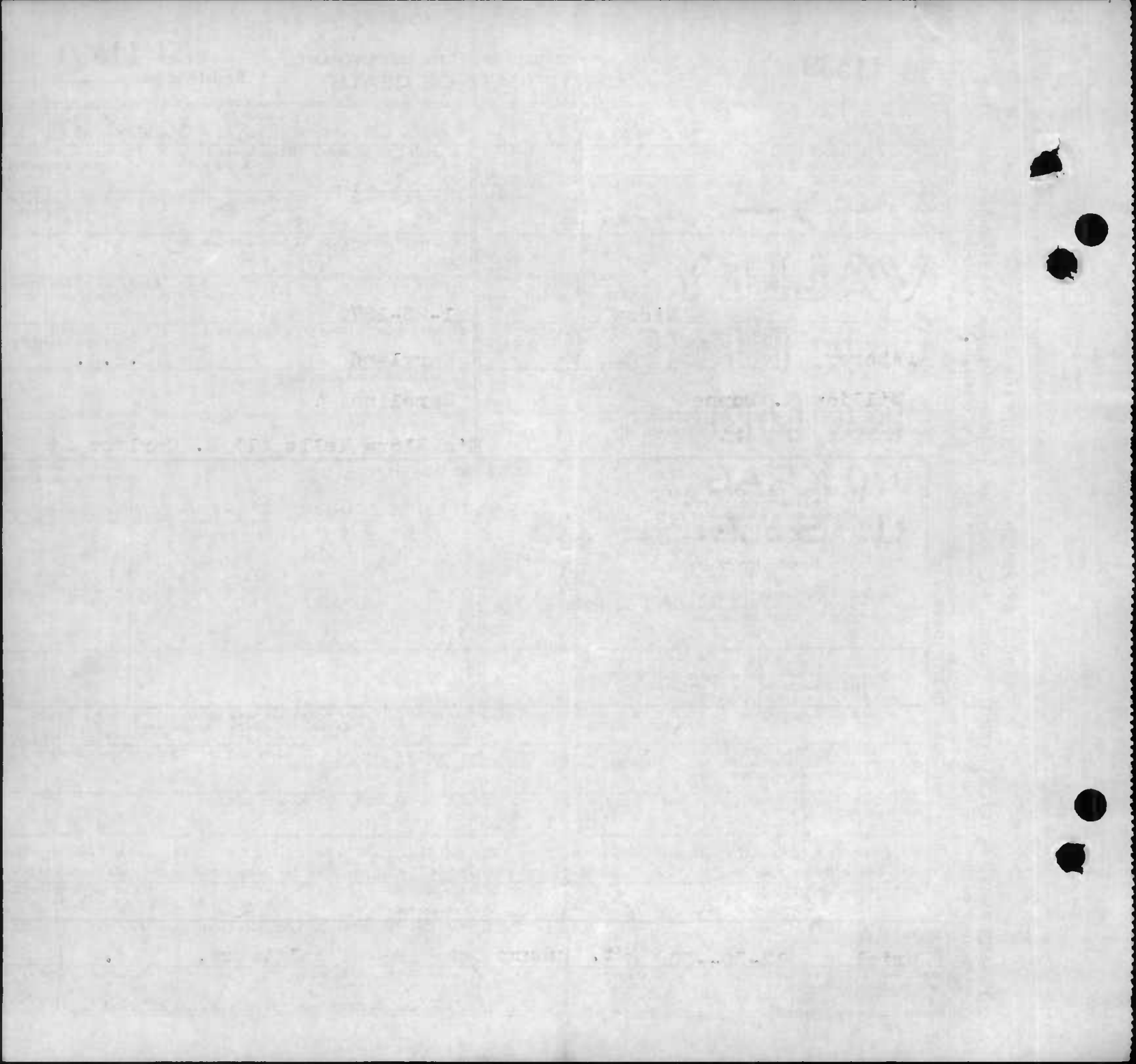
H. H. Williams

Wm. A. Hunsley

378 W. 3rd St.

VS 150

97099



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-120

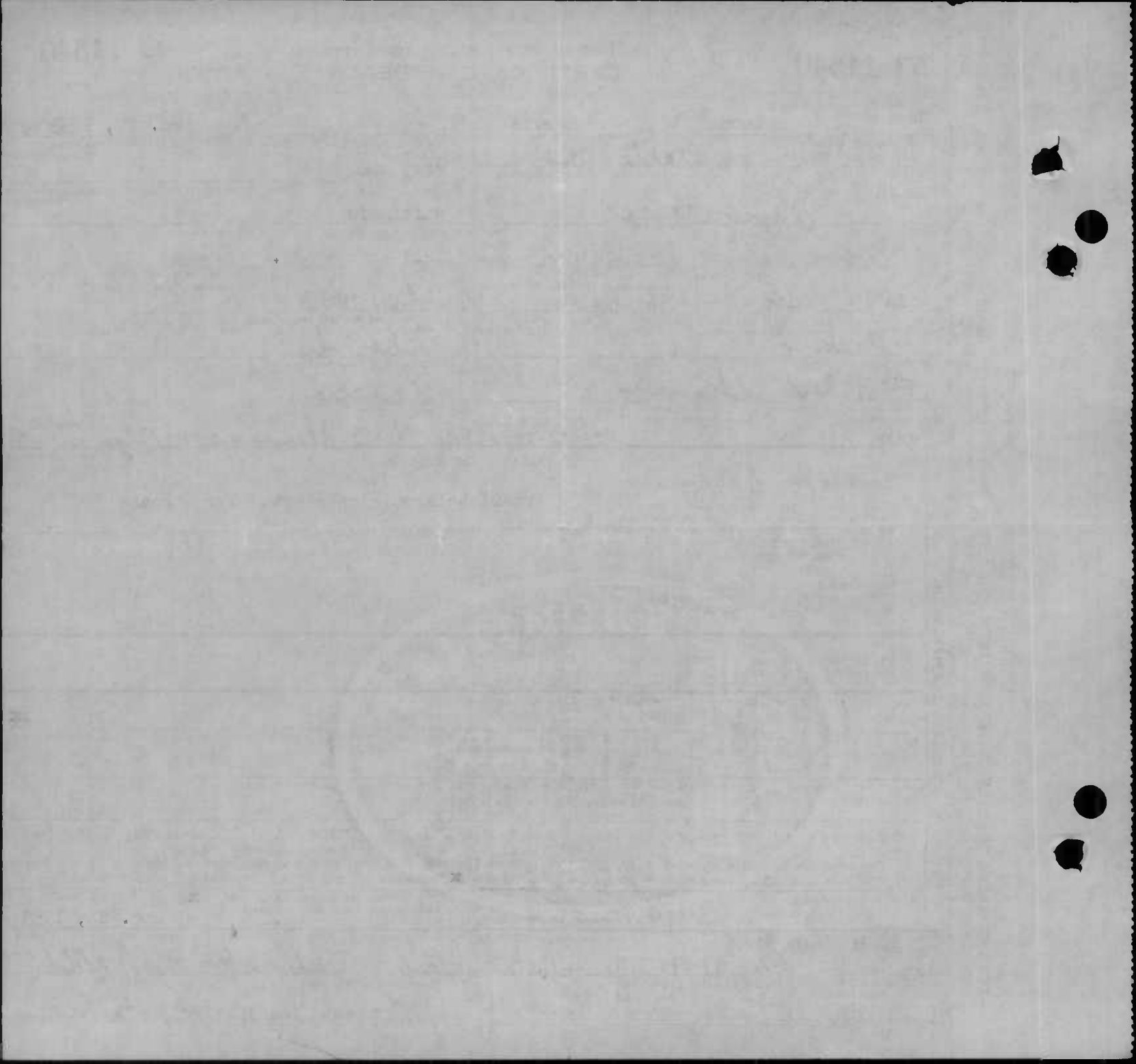
53 11540

BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11540  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Leon Bevis</b>			2. DATE OF DEATH <b>Dec. 27, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mary Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>13 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>1413 Lindon Ave.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 21-1893</b>	9. AGE (In years last birthday) <b>60</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Packer</b>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Florida</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Robert Sherman</b>			14. MOTHER'S MAIDEN NAME <b>Cornelia</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>yes</b>			16. SOCIAL SECURITY NO. <b>400-07-7430</b>		
17. INFORMANT <b>Myrtle M. Sherman</b>			ADDRESS <b>2807 Edgewood Ave. Circle</b>		
18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. F. Fisher</b>			23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Dec. 28, 1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Dec 31-1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New National Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Indus Rd. Balto. Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 30 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Joseph Larase Inc. 712-148 North Ave</b>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

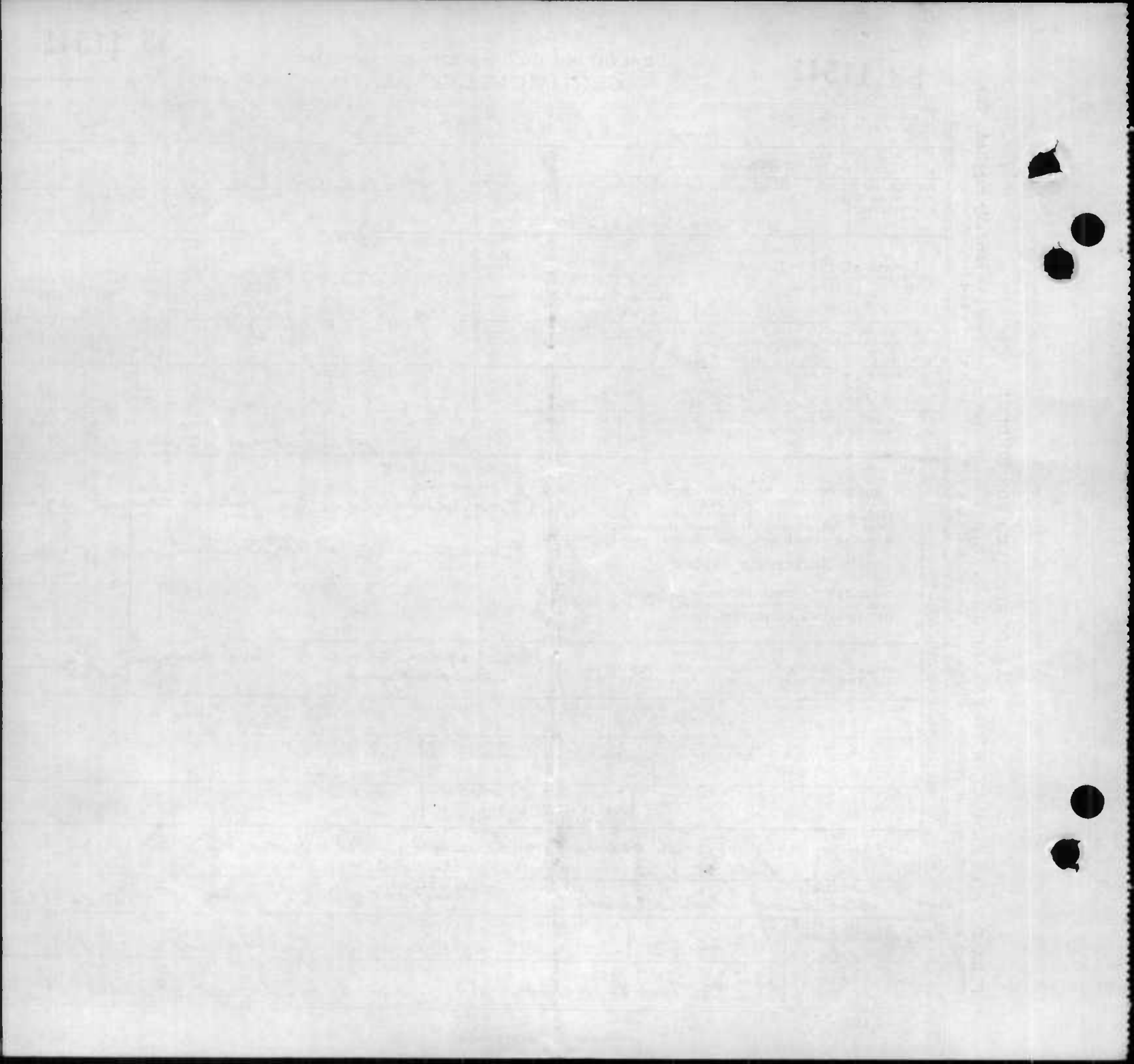
53 11541

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. 53 11541

1. NAME OF DECEASED (Type or Print) <i>George W Covington</i>		2. DATE OF DEATH <i>Dec 28 - 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Kansas</i> B. COUNTY <i>Mo</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>4449 La Plata Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>V-22</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location)	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 12 - 1870</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Trainer - Ret</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days <i>83</i>
11. BIRTHPLACE (State or foreign country) <i>Ill.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Daniel Covington</i>		14. MOTHER'S MAIDEN NAME <i>Isabella Hinson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs Ernest Santorone - 4449 La Plata</i>		ADDRESS <i>an</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>Arteriosclerotic Heart Disease 2 years</i> DUE TO <i>generalized arteriosclerosis 5 years</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) _____ DUE TO _____ (C) _____	
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 20, 1953</i> to <i>Dec 28, 1953</i> , that I last saw the deceased alive on <i>Dec 28, 1953</i> , and that death occurred at <i>10</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Huntington Wallis</i>		23B. ADDRESS <i>848 W 36th</i>	
23C. DATE SIGNED <i>Dec 29/53</i>		23D. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cemetery</i>	
23E. LOCATION (City, town, or county) <i>Kansas City Kan.</i>		23F. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 30 1953</i>	
23G. REGISTRAR'S SIGNATURE <i>Huntington Wallis</i>		23H. FUNERAL DIRECTOR <i>Wm Coph Inc - 1217 St Paul St</i>	
23I. ADDRESS <i>VS 150</i>		23J. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 30 1953</i>	

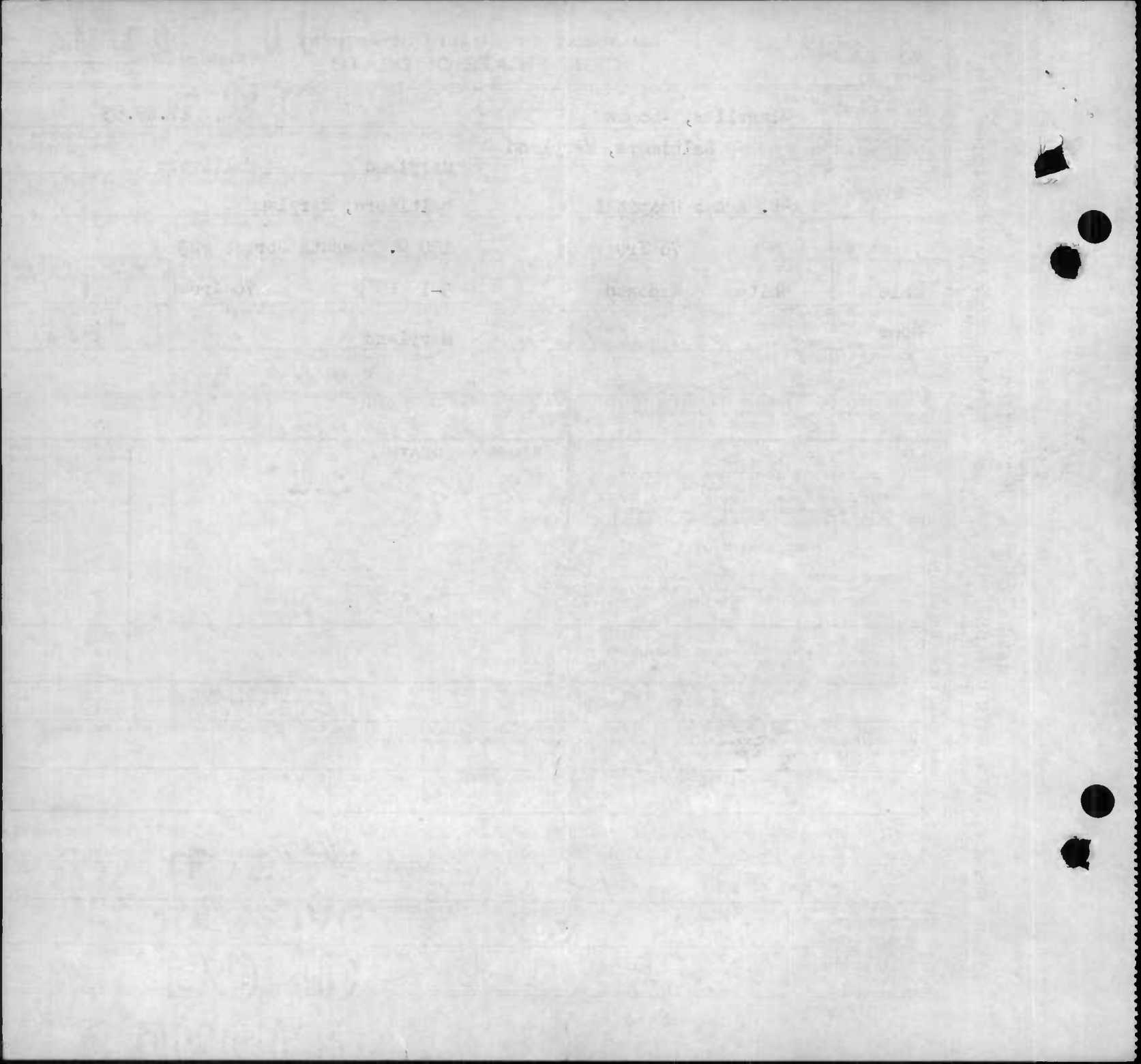




MARGIN RESERVED FOR BINDING

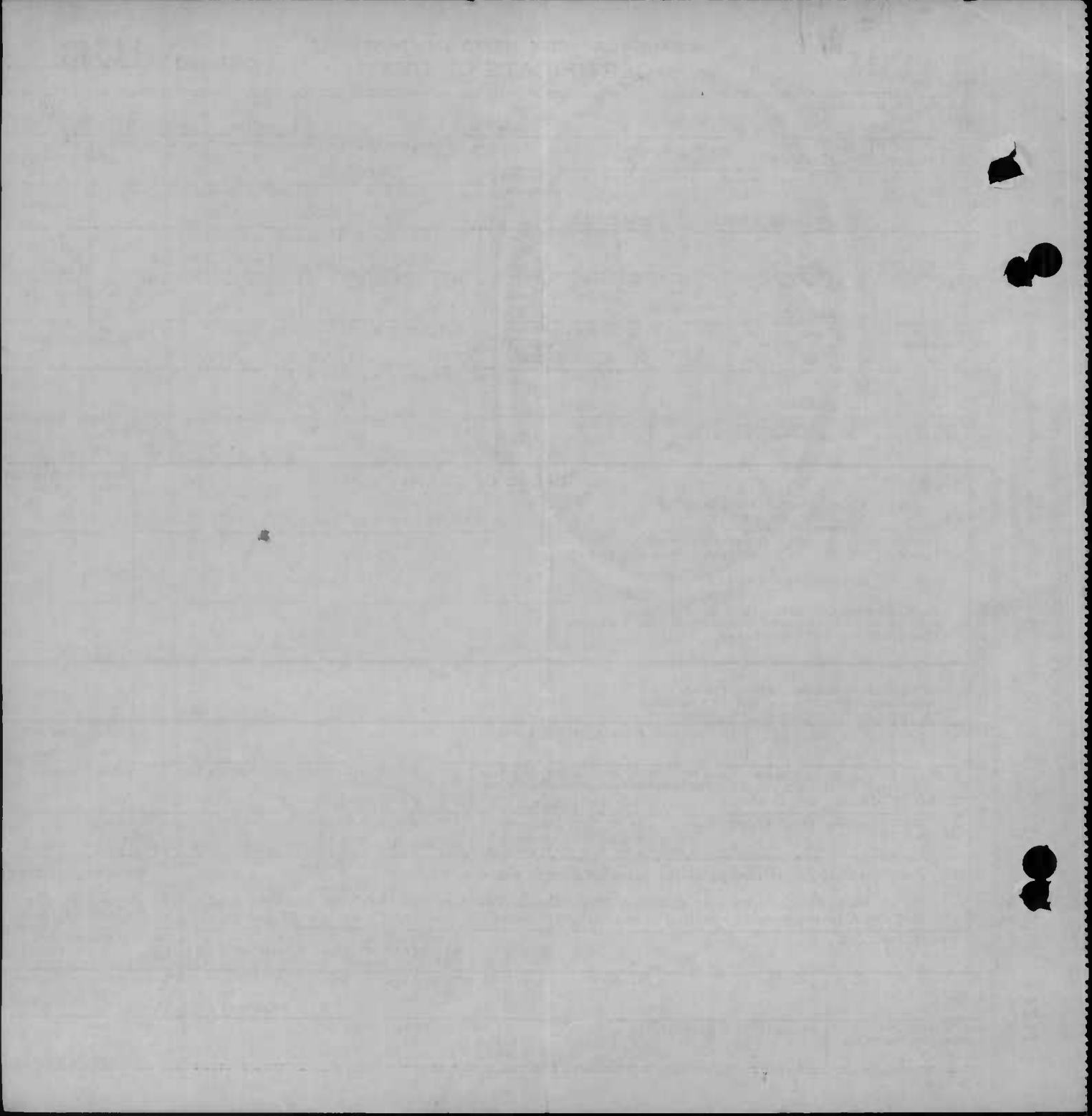
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-451 53 11542		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11542 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <b>Glanville, Thomas</b>			2. DATE OF DEATH <b>12.29.53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Maryland</b> <b>20-07</b>		
c. Length of stay in Baltimore <b>76 Yrs</b>			D. STREET ADDRESS (If rural, give location) <b>180 S. Kossuth Street #23</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3-1-1877</b>	9. AGE (In years last birthday) <b>76 Yrs</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None Guard</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Western Natl Bank</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Thos. J. Glanville</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
14. MOTHER'S MAIDEN NAME <b>Kate Parker</b>			17. INFORMANT <b>Mrs. Stanley Pappas</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		ADDRESS	
18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Cerebros</b>			CAUSE OF DEATH <b>Cerebral Cerebros</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Dec 17</b> , 19 <b>53</b> , to <b>Dec 28</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Dec 28</b> , 19 <b>53</b> , and that death occurred at <b>7 A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>John D. Dumber</b>		23B. ADDRESS <b>St. Agnes Hosp</b>		23C. DATE SIGNED <b>Dec 29, 53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>12/31/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>London Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto Md.</b>		25. FUNERAL DIRECTOR <b>Wm. Cook Inc. 1217 St Paul St.</b>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 30 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Wm. Cook Inc. 1217 St Paul St.</b>	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 11543BIRTH NO. 53 11543

1. NAME OF DECEASED (Type or Print) <b>GEORGE PARSHALL</b>		2. DATE OF DEATH <b>December 29, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-01</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2517 Brookfield Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Apr 1931</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	9. AGE (In years last birthday) <b>22</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>Robert Parshall</b>		11. BIRTHPLACE (State or foreign country) <b>Johnson City Tenn</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Bearl M. O'Creary</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Michael Mengow - 2517 Brookfield</b>	
18. <b>E 973.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carbon monoxide poisoning</b> (A) DUE TO  ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home (outside)</b>	
21C. WHERE DID INJURY OCCUR? <b>2517 Brookfield Avenue</b>		21D. TIME (Month) (Day) (Year) (Hour) <b>Dec. 29, 1953 4:00 A.m.</b>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Carbon monoxide poisoning - Hose from exhaust pipe went into window of auto thereon and from</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>William W. Cook</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED <b>Dec. 29, 1953</b>		24. LOCATION (City, town, or county) (State) <b>Johnson City Tenn</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 30 1953</b>		REGISTRAR'S SIGNATURE <b>Wm. W. Cook</b>	
25. FUNERAL DIRECTOR <b>Wm. W. Cook Inc - 1217 1st St</b>		ADDRESS <b>450 73</b>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11544  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11544  
Registered No.1. NAME OF DECEASED  
(Type or Print)

MARGARET M. BANNON

2. DATE  
OF  
DEATH Dec. 28, 19533. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Md. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION Kenesaw Nursing Home  
2601 Roslyn Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1807 E. 31st St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

Dec. 25, 1900

9. AGE (in years  
last birthday)

53

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

saleslady

10B. KIND OF BUSINESS OR  
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael H. Bannon

14. MOTHER'S MAIDEN NAME

Margaret Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

215-01-2160

17. INFORMANT

ADDRESS

Mrs. F. J. Henneman-313 Worthington Rd.

18.

337X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Embolus

DUE TO

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Left Hemiplegia - Cerebral Embolus

DUE TO

7/26/51

(C) Aortic Aneurysm

7 years

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6, 1946, to 12/24, 1953, that I last saw the  
deceased alive on 12/24, 1953, and that death occurred at 11:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Henneman

M. D.

23B. ADDRESS

2320 E. Canton Rd

23C. DATE SIGNED

12/29/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

12/31/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

DEC 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

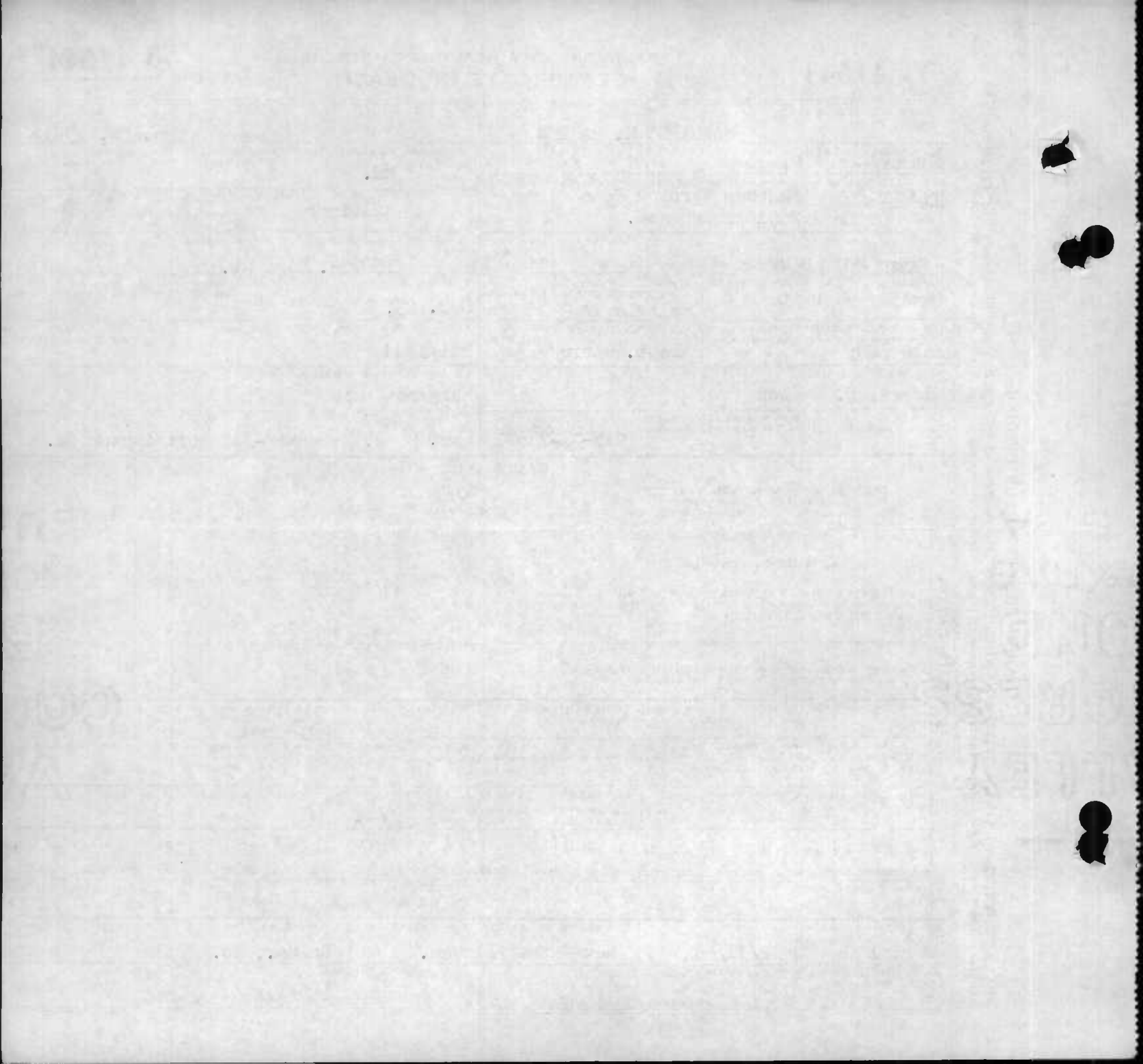
J. J. Henneman &amp; Sons

ADDRESS

Balto 17, Md.

VS 150

4906C





PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 11545**

**B-300**  
**53 11545**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

(William)  
**Charles W. Bodie**

2. DATE  
OF  
DEATH

**Dec. 28, 1953**

3. PLACE OF DEATH:

**Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

**Maryland**

B. COUNTY

before admission)

5. FULL NAME OF

(If not in hospital or institution, give street address or location)

**48 Maryland general Hospital**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Baltimore**

**12-03**

D. STREET ADDRESS (If rural, give location)

**302 East 28th St. #18**

6. Length of stay in Baltimore

**45 years**

Yrs.  
Mos.  
Days

5. SEX

**M**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Aug. 20, 1879**

9. AGE (In years  
last birthday)

**74**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**Club**

10B. KIND OF BUSINESS OR  
INDUSTRY

**Railroad Business**

11. BIRTHPLACE (State or foreign country)

**Pennsylvania**

12. CITIZEN OF  
WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**Henry / Bodie**

14. MOTHER'S MAIDEN NAME

**Mathilda**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

**-**

16. SOCIAL  
SECURITY NO.

**705-05-0002**

17. INFORMANT

**Belin V. Bodie**

ADDRESS

**Mobile, Alabama**

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) **Coronary Thrombosis**  
DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

**9 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) **Hypertensive Cardio-vascular**  
DUE TO

**renal disease**

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 28 4:25 PM**, 19 **53**, to **Dec. 28 4:45 PM**, 19 **53**, that I last saw the deceased alive on **Dec. 28**, 19 **53**, and that death occurred at **4:45 PM**, from the causes and on the date stated above.

23A. SIGNATURE

**Valeriana B. Castillo**

M. D.

23B. ADDRESS

**Maryland general Hospital**

23C. DATE SIGNED

**12/28/53**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**12/31/53**

24C. NAME OF CEMETERY OR CREMATORY

**Druid Ridge Cem.**

24D. LOCATION (City, town, or county)

**Pikesville, Md.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

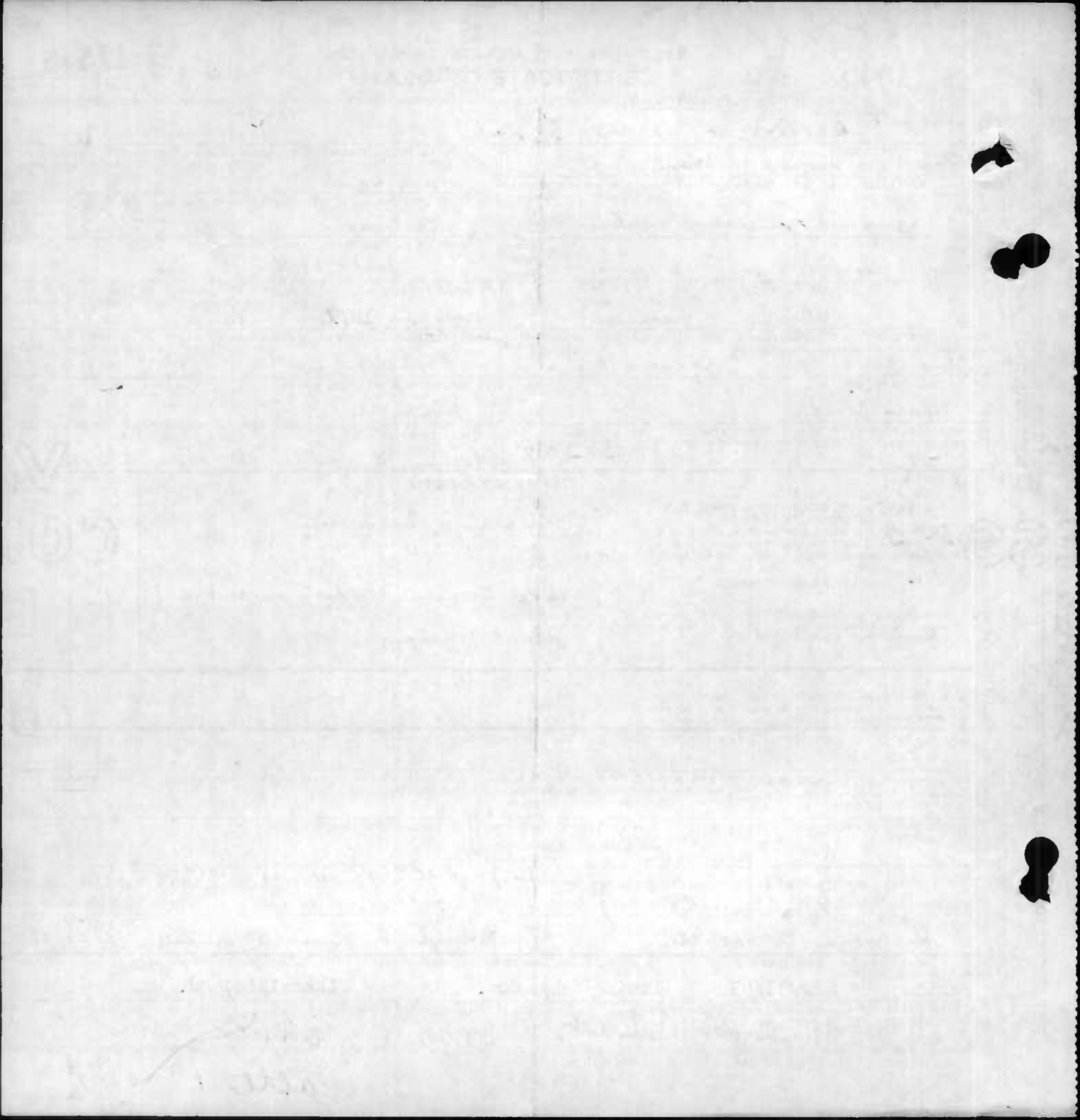
**Huntington Williams**

25. FUNERAL DIRECTOR

**Wm. J. Vickers & Sons**

ADDRESS

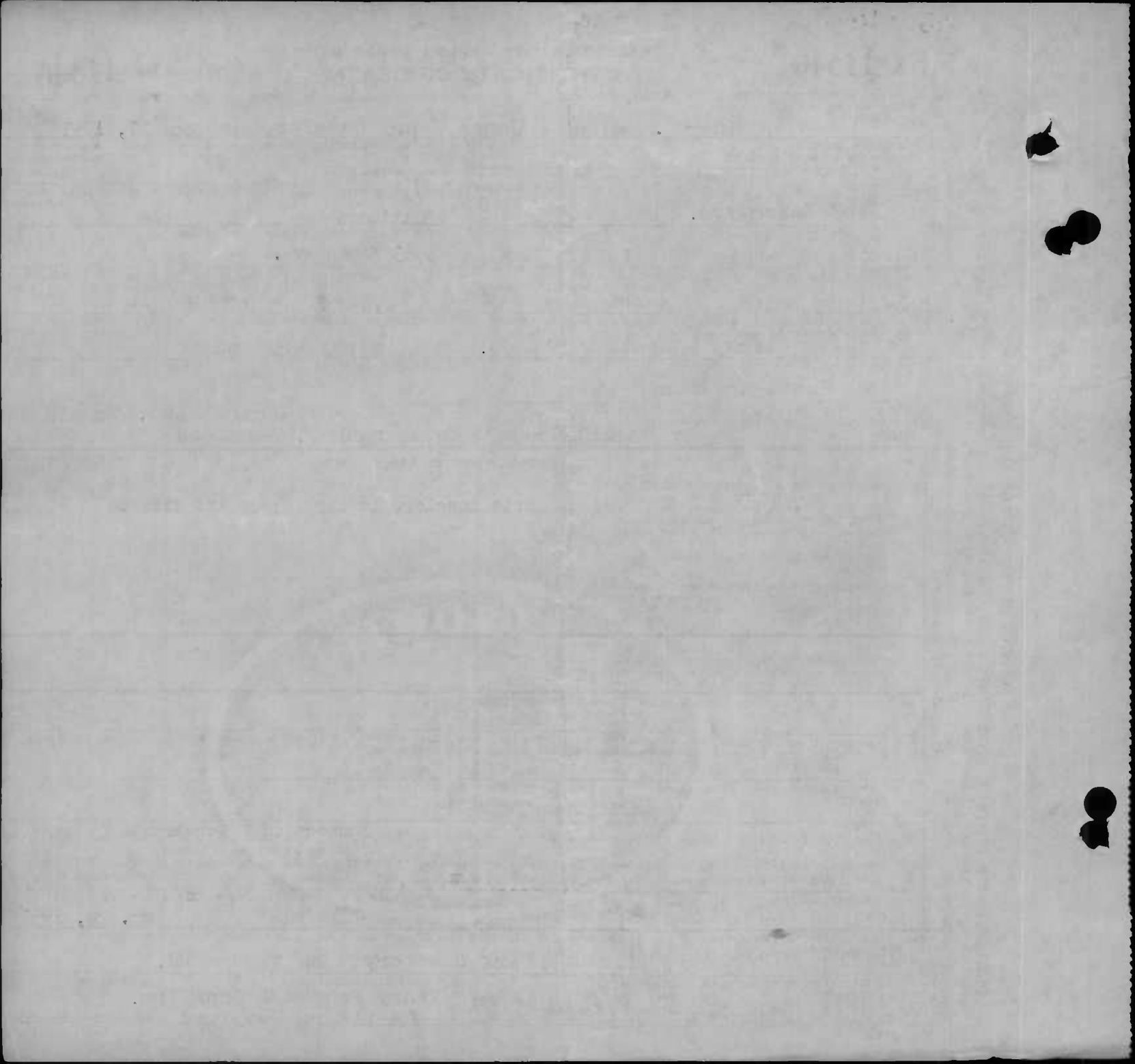
**29050 17, Md.**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11546		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11546	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Harry J. Gesford ( James Henry Gessford )		Dec. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 5943 Kavon Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-01			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5943 Kavon Ave.			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1887	9. AGE (In years last birthday) 66	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10B. KIND OF BUSINESS OR INDUSTRY American Oil Co.		11. BIRTHPLACE (State or foreign country) Baltimore Maryland	
13. FATHER'S NAME James Gessford		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213-05-3632		17. INFORMANT 406 Central Ave. Towson Mr. Harmon P. Gessford	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Dec. 28, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/30/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 30 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Maryland	



MARGIN RESERVED FOR BINDING

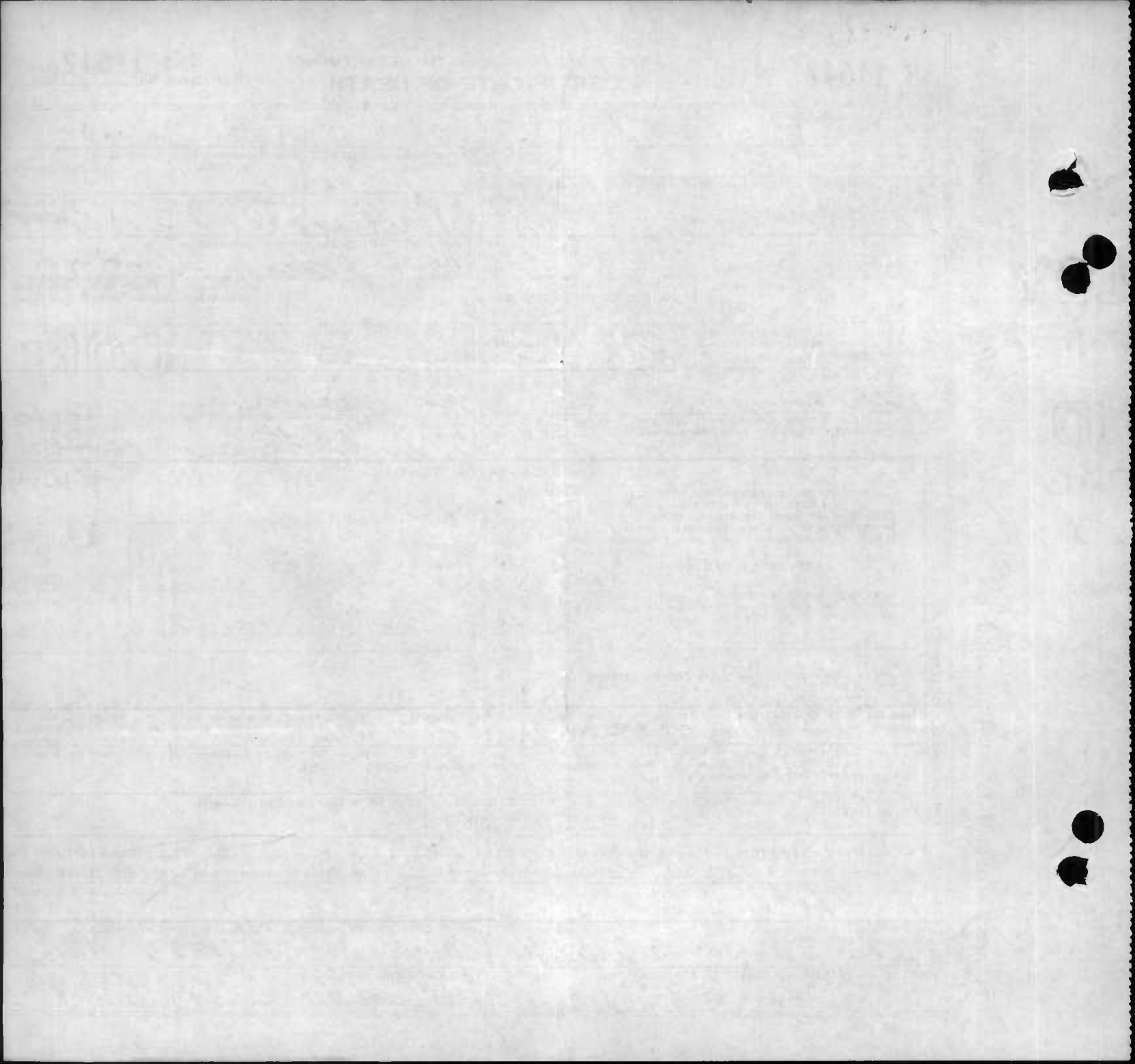
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-432  
53 11547

BIRTH NO.

KLOTZMAN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11547  
Registered No.

1. NAME OF DECEASED (Type or Print) Nathan Klotzman			2. DATE OF DEATH 12/30/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Swan Hospital 71st.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10		
c. Length of stay in Baltimore. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4046 Doorman Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Grocer	11. BIRTH PLACE (State or foreign country) Lith		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Berle			14. MOTHER'S MAIDEN NAME not known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Boris Klotzman - name		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Chronic DUE TO (B) Anger's Heat Failure DUE TO (C) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/29, 1953, to 12/30, 1953, that I last saw the deceased alive on 12/29, 1953, and that death occurred at 12:40 a. m., from the causes and on the date stated above.					
23A. SIGNATURE H. Albert 20 Bldg.		23B. ADDRESS M. D. 1701		23C. DATE SIGNED 12/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-30-53		24C. NAME OF CEMETERY OR CREMATORY United Hebrew	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md		24F. ADDRESS 2100 Canton Rd	
DATE RECEIVED BY LOCAL REGISTRAR DEC 30 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 2100 Canton Rd	





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-525

53 11548

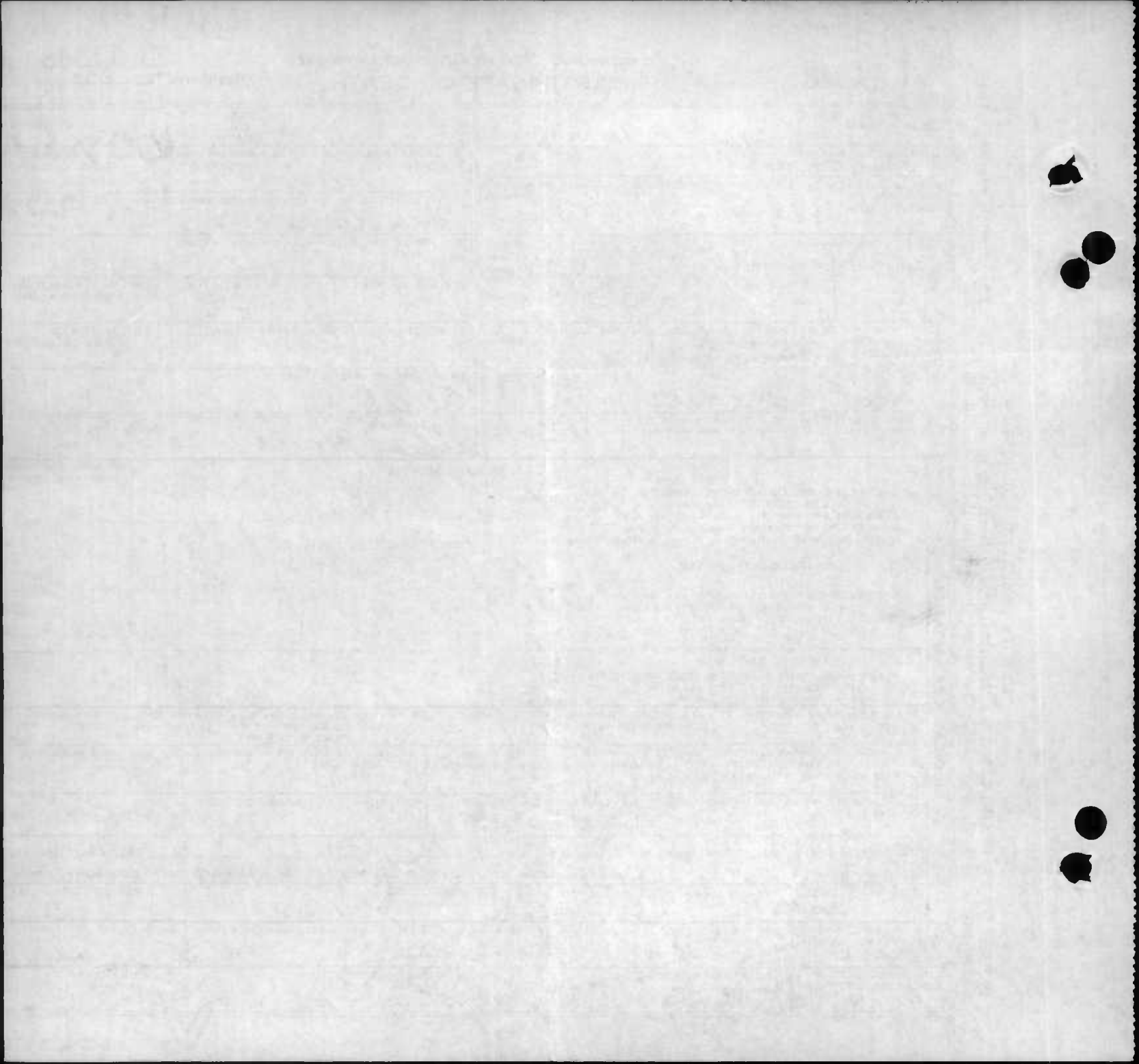
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11548

Registered No.

1. NAME OF DECEASED (Type or Print) <i>REBA HAWKIN</i>			2. DATE OF DEATH <i>12/29/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>42 SWAT HOSP OF BART.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-12</i>		
C. Length of stay in Baltimore <i>40</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3606 Park Mt. Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH		9. AGE (In years last birthday) <i>48</i>
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Jacob Kessler</i>			14. MOTHER'S MAIDEN NAME <i>Ethel</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Alfred Hawkin - same</i>		ADDRESS
18. <i>2044</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  DUE TO  DUE TO			CAUSE OF DEATH <i>Cerebral Hemorrhage</i> <i>Trauma</i>		
19A. DATE OF OPERATION <i>0</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. HOW DID INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <i>12/18</i> , 19 <i>53</i> , to <i>12/29</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/29</i> , 19 <i>53</i> , and that death occurred at <i>5:00</i> am., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm D Gabe</i>			23B. ADDRESS <i>3000 Eutan Pl</i>		23C. DATE SIGNED <i>12/29/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>12-30-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lozendale</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 30 1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Jack Lewis</i>
VS 150			ADDRESS <i>3100 Eutan Pl</i>		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F523 53 11549 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11549 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>SOPHIE FEINSTEIN</i>			2. DATE OF DEATH <i>12-30-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>BALTO.</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2476 SHIRLEY AVE</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO.</i>		
C. Length of stay in Baltimore <i>60</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3836 PARK HEIGHTS AVE</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>84</i>		9. AGE (In years last birthday) Months Days <i>84</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>RUSSIA</i>
13. FATHER'S NAME <i>NOT KNOWN</i>			14. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Harvey Feinstein</i>		
1B. <i>420.0 and 260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>acute leukemia &amp; infection</i> DUE TO (B) <i>arteriosclerotic heart disease</i> DUE TO (C) <i>diabetes</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>8 years</i> <i>16 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/26</i> , 19 <i>52</i> , to <i>12/30</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/29</i> , 19 <i>53</i> , and that death occurred at <i>12:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>223214</i>		23B. ADDRESS <i>2320 Eutaw St</i>		23C. DATE SIGNED <i>12/30/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12-30-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Harvey Feinstein</i>		ADDRESS <i>2100 Eutaw Pl</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 30 1953</i>		REGISTRAR'S SIGNATURE <i>H. J. Kingston</i>		VS 150	

pt. Zinberg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C CG-177865

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

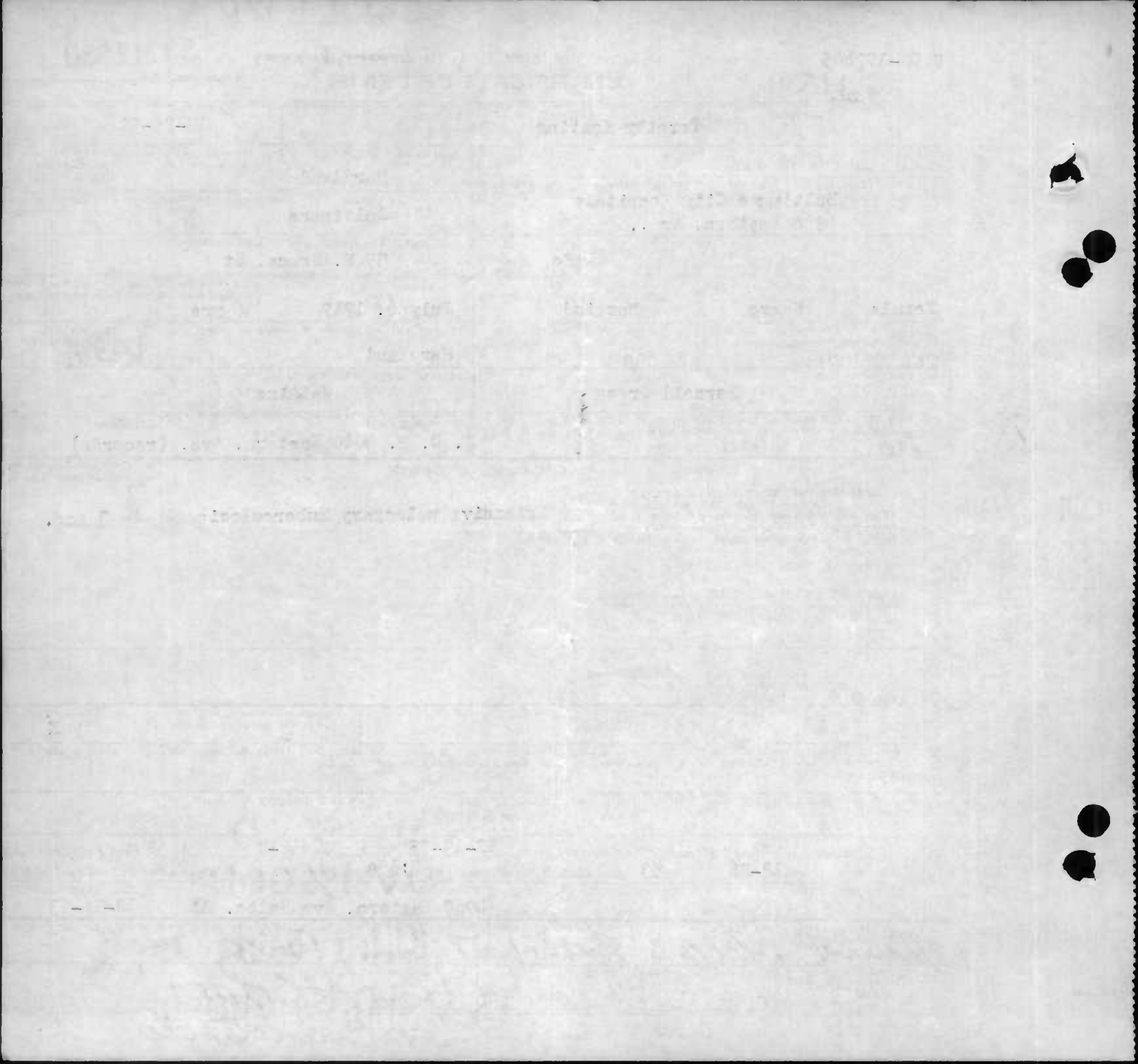
53 11550

Registered No.

BIRTH NO. 53 11550

1. NAME OF DECEASED (Type or Print) <b>Dorothy Keating</b>			2. DATE OF DEATH <b>12-26-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern, Ave.,</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b>			O. STREET ADDRESS (If rural, give location) <b>39 N. Bruce, St</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 6, 1917</b>	9. AGE (In years last birthday) <b>36 yrs</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SEAMSTRESS</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DRESSMAKING</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Pernell Green</b>			14. MOTHER'S MAIDEN NAME <b>Watkins</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT ADDRESS <b>B. C. H. 4940 Eastern, Ave. (records)</b>		
18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Extensive pulmonary Tuberculosis</b> DUE TO <b>3 mos.</b>			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-19-53</b> , 19 <b>53</b> , to <b>12-26</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-26</b> , 19 <b>53</b> , and that death occurred at <b>7:15 a.</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>H. John Ben</b>		23B. ADDRESS <b>4940 Eastern, Ave Balto. Md</b>		23C. DATE SIGNED <b>12-26-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>12/30/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto. Mt. Carmel</b>	
24D. LOCATION (City, town, or county) <b>Balto. Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>12-30-1953</b>		24F. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
24G. VS 150		24H. FUNERAL DIRECTOR <b>Chas. H. Cooper</b>		24I. ADDRESS <b>6904 G 512 Cambridge Ave.</b>	







MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-000  
53 11551BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11551

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Thomas Day

2. DATE  
OF  
DEATH

Dec. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3X Monte Bell's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Rear of Hamilton St.

c. Length of stay in Baltimore

18

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 2, 1882

9. AGE (In years  
last birthday)

71

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

unb.

10B. KIND OF BUSINESS OR  
INDUSTRY

unb.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Evan Thomas Day

14. MOTHER'S MAIDEN NAME

Isabelle Poole

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

unb.

unb.

16. SOCIAL  
SECURITY NO.

214-18-0988

17. INFORMANT

Hospital Record

ADDRESS

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHI  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Heart Disease

8 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

Generalized arteriosclerosis

many yrs.

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1953, to Dec. 28, 1953, that I last saw the  
deceased alive on Dec. 28, 1953, and that death occurred at 4 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Lai

23B. ADDRESS

M. D.

Monte Bell's Hospital

23C. DATE SIGNED

12/28/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

12/30/53

24C. NAME OF CEMETERY OR CREMATORY

Providence Cem. Glenelg Howard Co. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 30 1953

Huntington Williams

Easton Sons Ellicott City Md.

VS 150

CERTIFICATE OF DEATH

Register No.

<p>1. Name of deceased</p>		<p>2. Sex</p>	
<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Date of death</p>	
<p>7. Cause of death</p>		<p>8. Date of burial</p>	
<p>9. Signature of physician</p>		<p>10. Signature of registrar</p>	
<p>11. Signature of witness</p>		<p>12. Signature of witness</p>	
<p>13. Signature of witness</p>		<p>14. Signature of witness</p>	
<p>15. Signature of witness</p>		<p>16. Signature of witness</p>	
<p>17. Signature of witness</p>		<p>18. Signature of witness</p>	
<p>19. Signature of witness</p>		<p>20. Signature of witness</p>	
<p>21. Signature of witness</p>		<p>22. Signature of witness</p>	
<p>23. Signature of witness</p>		<p>24. Signature of witness</p>	
<p>25. Signature of witness</p>		<p>26. Signature of witness</p>	
<p>27. Signature of witness</p>		<p>28. Signature of witness</p>	
<p>29. Signature of witness</p>		<p>30. Signature of witness</p>	
<p>31. Signature of witness</p>		<p>32. Signature of witness</p>	
<p>33. Signature of witness</p>		<p>34. Signature of witness</p>	
<p>35. Signature of witness</p>		<p>36. Signature of witness</p>	
<p>37. Signature of witness</p>		<p>38. Signature of witness</p>	
<p>39. Signature of witness</p>		<p>40. Signature of witness</p>	
<p>41. Signature of witness</p>		<p>42. Signature of witness</p>	
<p>43. Signature of witness</p>		<p>44. Signature of witness</p>	
<p>45. Signature of witness</p>		<p>46. Signature of witness</p>	
<p>47. Signature of witness</p>		<p>48. Signature of witness</p>	
<p>49. Signature of witness</p>		<p>50. Signature of witness</p>	
<p>51. Signature of witness</p>		<p>52. Signature of witness</p>	
<p>53. Signature of witness</p>		<p>54. Signature of witness</p>	
<p>55. Signature of witness</p>		<p>56. Signature of witness</p>	
<p>57. Signature of witness</p>		<p>58. Signature of witness</p>	
<p>59. Signature of witness</p>		<p>60. Signature of witness</p>	
<p>61. Signature of witness</p>		<p>62. Signature of witness</p>	
<p>63. Signature of witness</p>		<p>64. Signature of witness</p>	
<p>65. Signature of witness</p>		<p>66. Signature of witness</p>	
<p>67. Signature of witness</p>		<p>68. Signature of witness</p>	
<p>69. Signature of witness</p>		<p>70. Signature of witness</p>	
<p>71. Signature of witness</p>		<p>72. Signature of witness</p>	
<p>73. Signature of witness</p>		<p>74. Signature of witness</p>	
<p>75. Signature of witness</p>		<p>76. Signature of witness</p>	
<p>77. Signature of witness</p>		<p>78. Signature of witness</p>	
<p>79. Signature of witness</p>		<p>80. Signature of witness</p>	
<p>81. Signature of witness</p>		<p>82. Signature of witness</p>	
<p>83. Signature of witness</p>		<p>84. Signature of witness</p>	
<p>85. Signature of witness</p>		<p>86. Signature of witness</p>	
<p>87. Signature of witness</p>		<p>88. Signature of witness</p>	
<p>89. Signature of witness</p>		<p>90. Signature of witness</p>	
<p>91. Signature of witness</p>		<p>92. Signature of witness</p>	
<p>93. Signature of witness</p>		<p>94. Signature of witness</p>	
<p>95. Signature of witness</p>		<p>96. Signature of witness</p>	
<p>97. Signature of witness</p>		<p>98. Signature of witness</p>	
<p>99. Signature of witness</p>		<p>100. Signature of witness</p>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 624 53 11552 JL-178198		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11552 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <b>Margaret Foehrkalb FOEHRKOLB</b>				2. DATE OF DEATH <b>12-29-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore- 21</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>405 Essex Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 28 - 1895</b>	9. AGE (In years last birthday) <b>58</b>	10. Under 1 Year Months <b>2</b> Days <b>1</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Md.</b>
13. FATHER'S NAME <b>William Furice</b>			14. MOTHER'S MAIDEN NAME <b>Louise Beyer</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>B. C. H. Records, 4940 Eastern Ave.</b>		
18. <b>331X</b> CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>					<b>3 hrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertension</b>					<b>5 yrs.</b>
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-29-53</b> , 19__, to <b>12-29-53</b> , 19__, that I last saw the deceased alive on <b>12-29-53</b> , 19__, and that death occurred at <b>6.20PM.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>H. John Doe</b>			23B. ADDRESS M. D.		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 2 - 54</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart of Jesus</b>	
24D. LOCATION (City, town, or county) (State) <b>German Hill Rd. Balt. Co.</b>		25. FUNERAL DIRECTOR <b>John S. Connelly</b>		ADDRESS <b>Essex Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 30 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		VS 150	

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Blackman, George

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L-150  
53 11553BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11553

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AMBROSE J. LEIBEN

2. DATE  
OF  
DEATH

Dec. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

415 S. Wolfe St.

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT 2 1890 63

9. AGE (In years  
last birthday)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

RETIRED CHAUFFEUR

10B. KIND OF BUSINESS OR  
INDUSTRY

A. HOEN + CO

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

AMBROSIE LEIBEN

14. MOTHER'S MAIDEN NAME

ANNA MCCLOSKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

RITA KREPKA 1015 S ROBINSON ST.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
Dec. 30, 195324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JAN 2 1954

24C. NAME OF CEMETERY OR CREMATORY

ST STANISLAUS CEM.

24D. LOCATION (City, town, or county)

DUNDALK AVE MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 30 1953

H. F. Williams

Lippel Bros. 1800 E LOMBARD

VS 151

6834M

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Page 1





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

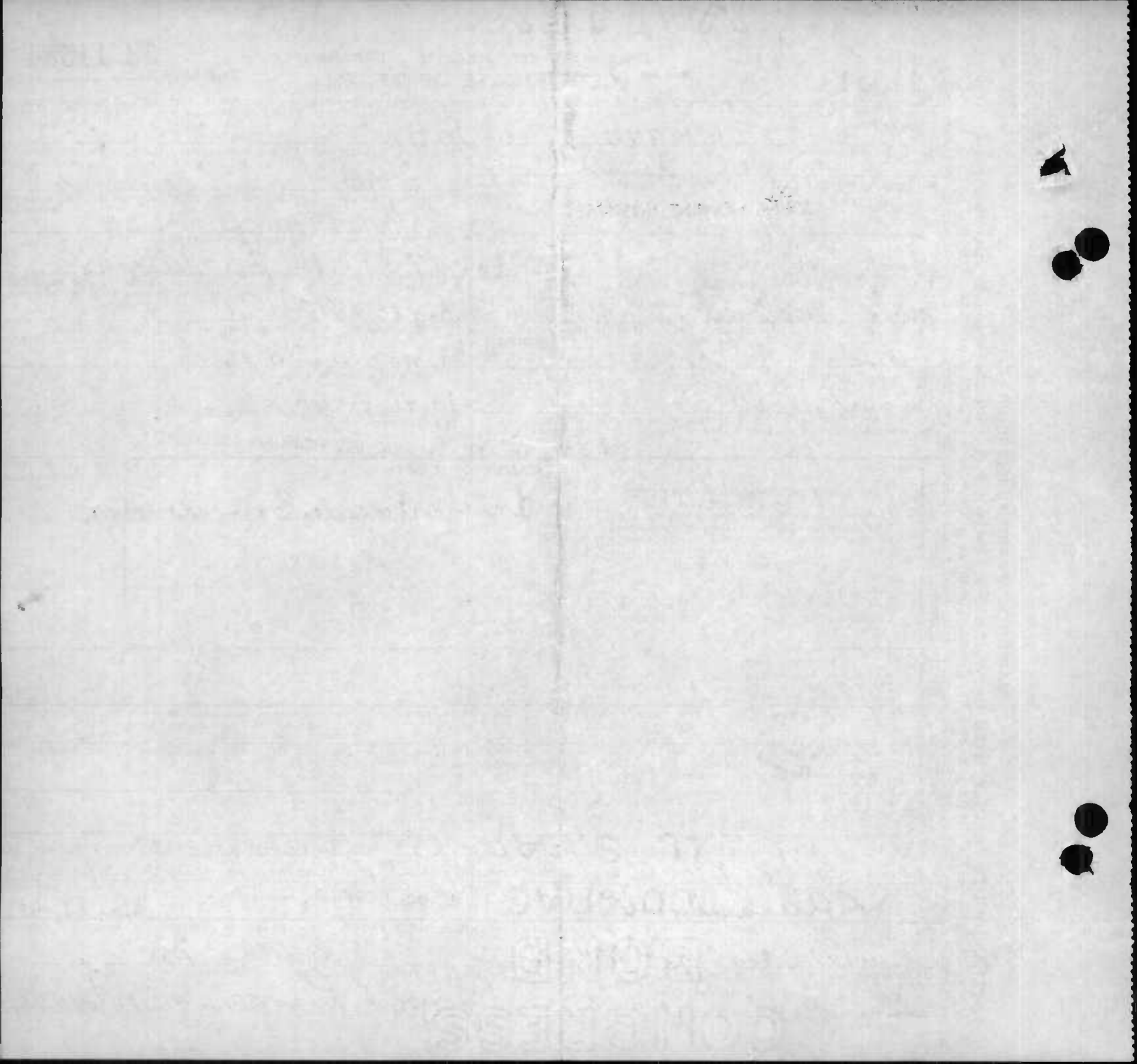
J. 520

53 11554

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 11554  
Registered No.

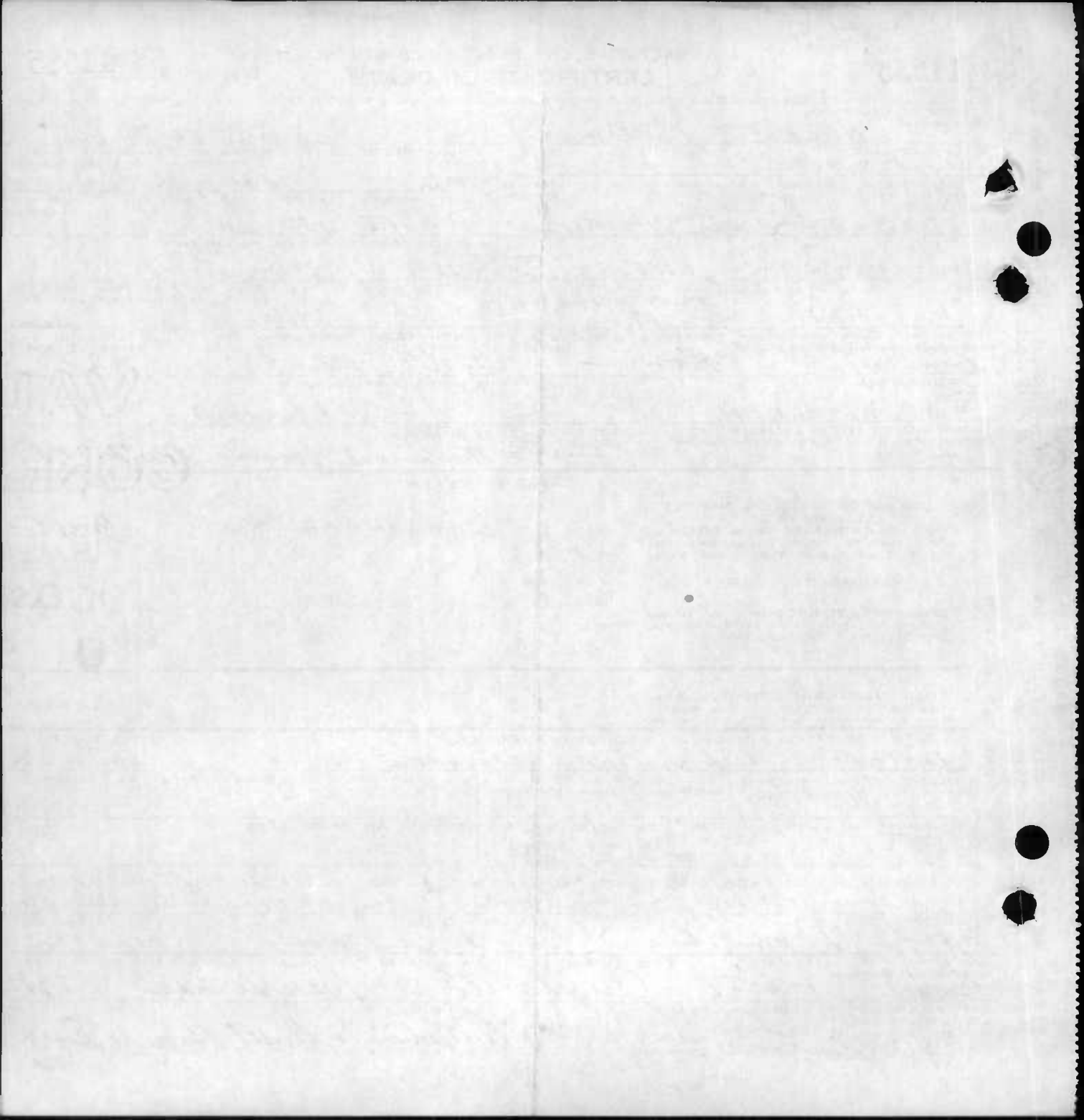
1. NAME OF DECEASED (Type or Print) <b>EMMANUEL</b>			2. DATE OF DEATH <b>DEC 29 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Oster 2</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>8-06</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, 8</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1721 N. BROADWAY</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>May 10, 1892</b>	9. AGE (in years last birthday) <b>61</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>British West Indies</b>
13. FATHER'S NAME <b>Samuel Johns</b>			14. MOTHER'S MAIDEN NAME <b>Jestine Johns</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. <b>218-075228</b>		
17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>			18. <b>331x</b>		
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Anterior medial Brain Hemorrhage</b>			(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO		
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>✓</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-28-</b> , 1953 to <b>12-29-</b> , 1953 that I last saw the deceased alive on <b>12-29-</b> , 1953, and that death occurred at <b>12:25 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>L. Alexander Jr</b>			23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>Dec 29, 1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 2, 1954</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Joseph L. Russ</b>		ADDRESS <b>2222 N. North Ave. City</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 30 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington</b>			



W-425  
53 11555BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 53 11555

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>HARRIETT K. WINSON</i>			2. DATE OF DEATH <i>12/30/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Harford</i>					
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>MARYLAND GENERAL HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>HAVRE DE GRACE</i>					
6. Length of stay in Baltimore <i>LIFE (61)</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>117 WINSON ST. 6235</i>					
7. SEX <i>F</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	10. DATE OF BIRTH <i>-</i>			11. AGE (In years last birthday) <i>61</i>		12. If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>			11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>WM H. AIKEN</i>			14. MOTHER'S MAIDEN NAME <i>ALICE LEMMON</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>-</i>			16. SOCIAL SECURITY NO. <i>-</i>			17. INFORMANT ADDRESS <i>Md. General Hospital Balto. Md.</i>		
18. <i>153X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>CARCINOMATOSIS -</i>			(A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>6 YRS -</i>		
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO					
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>12-1-47</i>			19B. MAJOR FINDINGS OF OPERATION <i>CARCINOMA TRANSVERSE COLON</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>12-2-53</i> , 19 <i>53</i> , to <i>12-30-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-30-53</i> , 19 <i>53</i> , and that death occurred at <i>9:45 A.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>John A. Mitchell</i>			23B. ADDRESS <i>Md. Gen. Hosp.</i>			23C. DATE SIGNED <i>12-30-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>1-2-54</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Angel Hill</i>		
24D. LOCATION (City, town, or county) <i>Havre de Grace Md.</i>			24E. FUNERAL DIRECTOR <i>H. Madison Mitchell</i>			24F. ADDRESS <i>Havre de Grace Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 30 1953</i>			REGISTRAR'S SIGNATURE <i>H. Madison Mitchell</i>			25. FUNERAL DIRECTOR ADDRESS <i>Havre de Grace Md.</i>		



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

**53 11556**

**53 11556**  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Mr. William E. Lutz**

2. DATE  
OF  
DEATH

**Dec. 29, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**3420 Belair Road**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**3420 Belair Road**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**married**

8. DATE OF BIRTH

**Aug. 25, 1893**

9. AGE (In years last birthday)

**60**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Steam Fitter**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Baltimore Co. Maryland**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Thomas Lutz**

14. MOTHER'S MAIDEN NAME

**Margaret Winkler**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**215-09-1359**

17. INFORMANT

ADDRESS

**Mrs. Marie M. Lutz, 3420 Belair Rd.**

18. **162X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

**Bronchogenic carcinoma st. to Generalized metastasis**

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**9/29/53**

19B. MAJOR FINDINGS OF OPERATION

**Inoperable Bronchogenic Ca. 7 ft. upper lobe**

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **August, 1953**, to **Dec 29, 1953**, that I last saw the deceased alive on **Dec 27, 1953**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**[Signature]**

M. D.

23B. ADDRESS

**3400 Erdman Ave**

23C. DATE SIGNED

**12/30/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Jan. 21 1954**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer Cem.**

24D. LOCATION (City, town, or county)

**Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams**

FUNERAL DIRECTOR

**Leonard J. Ruck**

ADDRESS

**5305 Harford Road.**

Dr. Stevens  
Erdman & Mannasota  
8-10



**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MEDICAL CERTIFICATION

0-250		BALTIMORE CITY HEALTH DEPARTMENT		53 11557	
11557		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		Coxon, Lilly (Lillie)		2. DATE OF DEATH December 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 4107 Hamilton Avenue	
c. Length of stay in Baltimore 72 yr.		8. DATE OF BIRTH Nov. 13, 1881		9. AGE (In years last birthday) 72	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chicago, Illinois	
13. FATHER'S NAME Carl Grabau		14. MOTHER'S MAIDEN NAME Marie Ruche		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Sidney L. Mitchell, 4107 Hamilton	
18. 204.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Lymphatic leukemia, chronic DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December 12, 1953 to December 29, 1953, that I last saw the deceased alive on Dec. 29, 1953, and that death occurred at 8:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Louis A. Frit		23B. ADDRESS 1100 N. Caroline Street		23C. DATE SIGNED Dec. 29, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 31, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Leonard J. Luck		24F. ADDRESS 5305 Harford Road	

BODY TAKEN BY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and give the

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 11558**

 BIRTH NO. **53 11558**

 1. NAME OF DECEASED  
(Type or Print)

Augusta

Edith A Kramer

 2. DATE  
OF  
DEATH

12/29/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

 FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

460 Tubman Hospital

 Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

W.

 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2/16/86

 9. AGE (in years  
last birthday)

67

 10. Under 1 Year  
Months: Days

 11. Under 24 Hours  
Hours: Min.

 10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Pharmacist - rtd

 10b. KIND OF BUSINESS OR  
INDUSTRY

Compounding drugs

13. FATHER'S NAME

Frederick L. Kramer

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

 16. SOCIAL  
SECURITY NO.

17. INFORMANT

Miss Norma Kramer-7033 Deerfield Rd. Pksvl

ADDRESS

MEDICAL CERTIFICATION

18.

 DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

 OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

 INTERVAL BETWEEN  
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

 21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

 21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

 21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

 21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

 21e. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1953, to 12/29, 1953, that I last saw the deceased alive on 12/29, 1953, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Dr. J. H. Hain

23b. ADDRESS

Tubman Hospital of Md.

23c. DATE SIGNED

12/29/53

 24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

1/2/54

24c. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24d. LOCATION (City, town, or county)

Pikesville, Md.

 DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

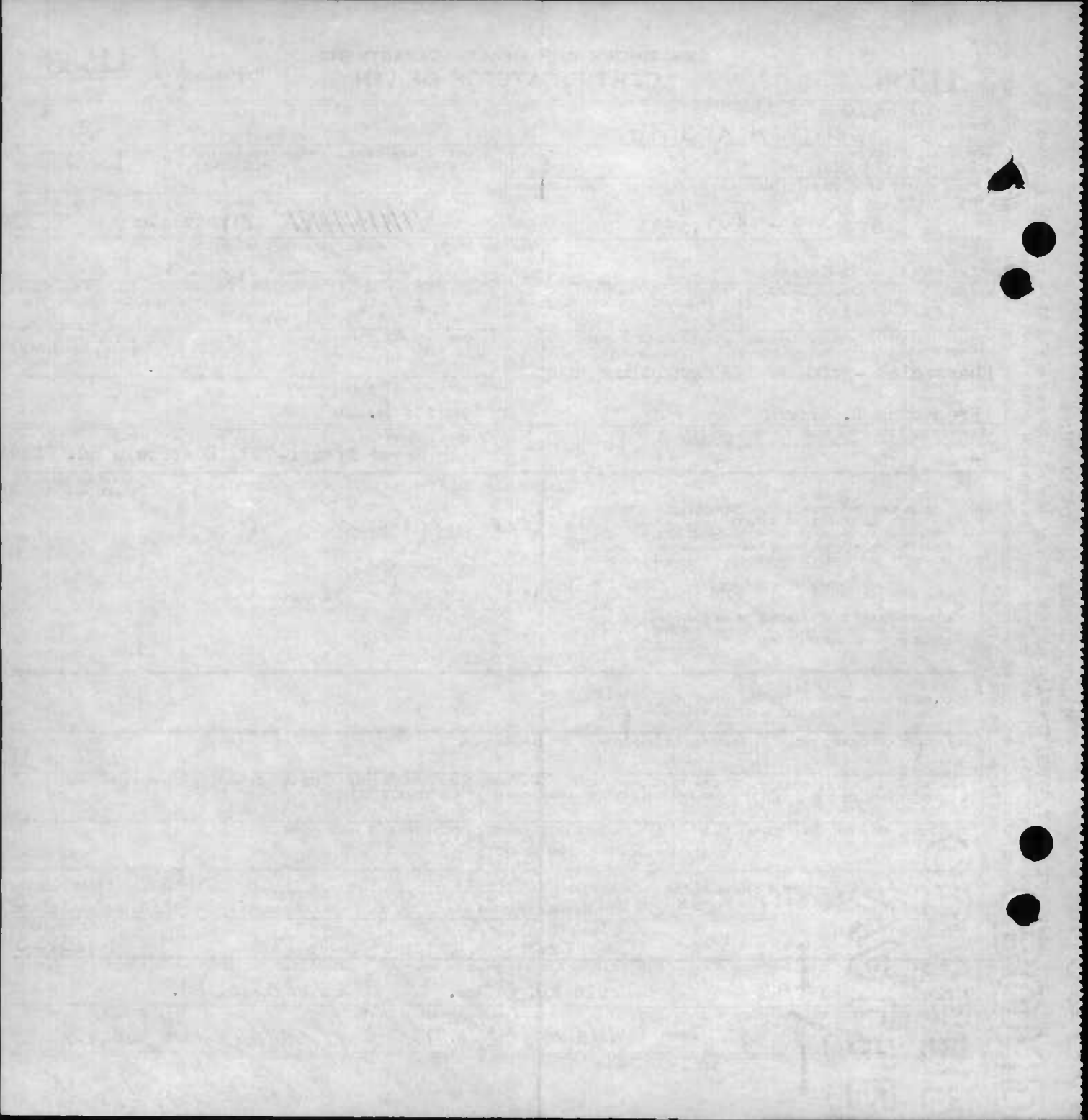
J. S. Sikes &amp; Sons

ADDRESS

VS 150

0736L

Balto. 17, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

58 11559

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11559

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HIRAM BLOCK WEISS

2. DATE  
OF  
DEATH

Dec. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

2120 Bolton St.

C. CITY OR TOWN (If outside corporate limits, write it (R.R.) and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2120 Bolton St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 17, 1882

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR  
INDUSTRY

Draperies

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Weiss

14. MOTHER'S MAIDEN NAME

Virginia F. Block

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS

Miss Eva Weiss-2120 Bolton St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis + Hypertension

DUE TO

(C)

10 yrs?

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office hldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1953 to Dec 28 1953 that I last saw the  
deceased alive on Dec 28, 1953, and that death occurred at 7 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Y. Zwick

M. D.

23B. ADDRESS

2318 Center Place

23C. DATE SIGNED

12/30/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

12/31/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Pickner &amp; Sons

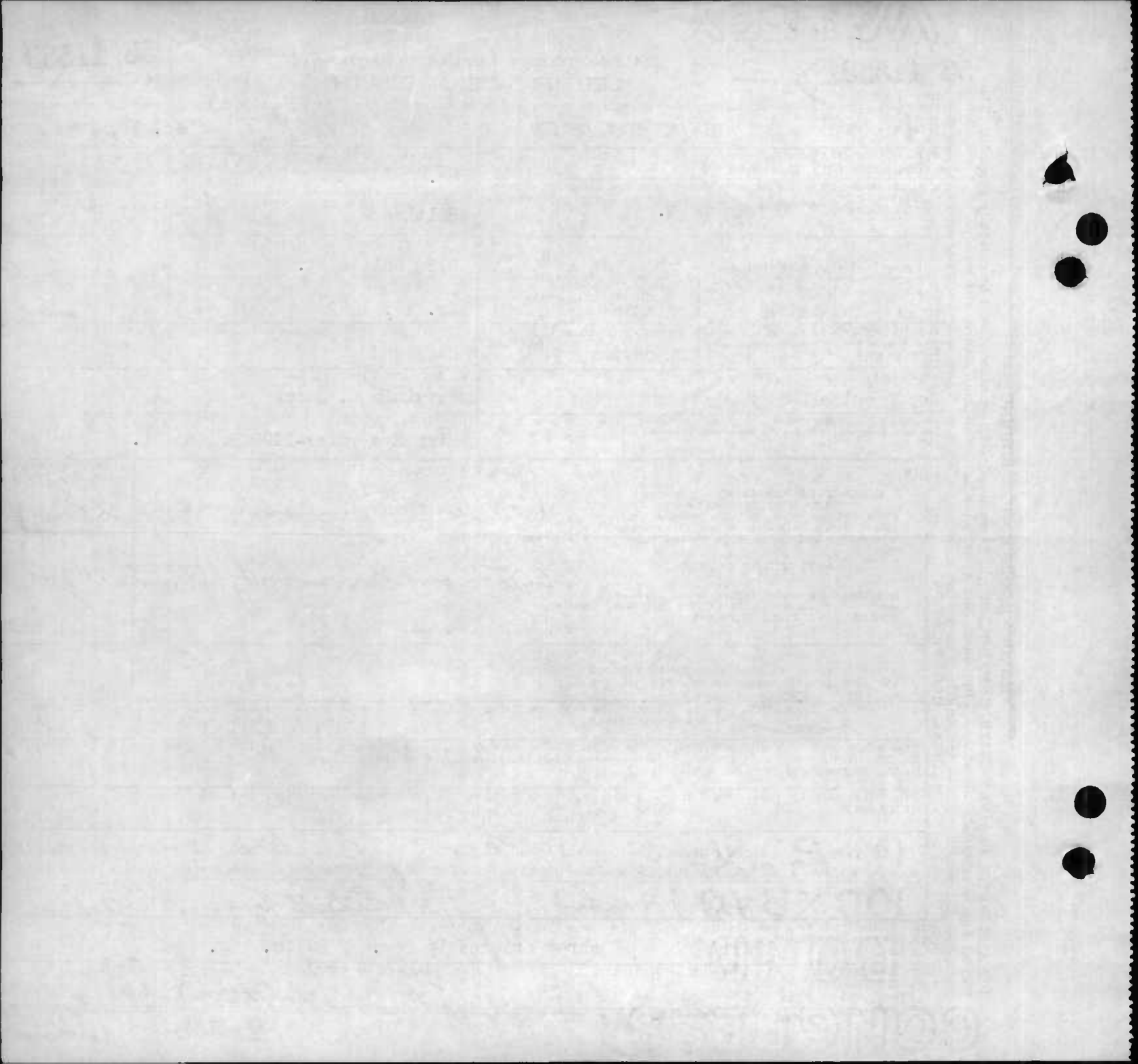
ADDRESS

Balto 17, Md.

VS 150

2904E







BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 11560BIRTH NO. 53 115601. NAME OF DECEASED  
(Type or Print)William E. Graham2. DATE  
OF  
DEATHDec. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

IndB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION 508 Sheridan Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore27-10

D. STREET ADDRESS (If rural, give location)

508 Sheridan Ave.

c. Length of stay in Baltimore

87 Yrs.  
11 Mos.  
18 Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 9, 1866

9. AGE (In years

last birthday)

87 yrs

If Under 1 Year

Months: Days

11 28

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe maker Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Ind

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William J. Graham

14. MOTHER'S MAIDEN NAME

Alice A. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-10-7794

17. INFORMANT

ADDRESS

Mrs. Ada Coffey 508 Sheridan18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis2 yrs.

DUE TO

Bilateral

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic C.V. D.5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 1953 to 12/28, 1953 that I last saw the deceased alive on 12/21, 1953 and that death occurred at 10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

G. Karl Hosman

M. D.

23B. ADDRESS

1212 N. Patterson Ave

23C. DATE SIGNED

12/29/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 2, 1954

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery Baltimore Ind

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. Corbitt 924 E. Egan

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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WATER RESOURCES DIVISION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F623  
53 11561BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11561

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FORSTER LOUIS

2. DATE  
OF  
DEATH

12/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

42 SINAI HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

926 E. Eager St

c. Length of stay in Baltimore

61 Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug 11, 1892

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months: Days

4 29

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House Painter for Bob Schumik

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Forster

14. MOTHER'S MAIDEN NAME

Gertrude Kunkel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Margaret Forster 926 E. Eager St

18. 167x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Portal Cirrhosis and  
Carcinoma due to  
Carcinoma of Lung

4 yrs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1953, to 12/29, 1953, that I last saw the  
deceased alive on 12/29, 1953, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis R. Forster, M.D.

23B. ADDRESS

2 SINAI HOSP

23C. DATE SIGNED

12/30/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Jan 2, 1954

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Calvin W. Conklin

ADDRESS

224 E. Eager St

VS 150

56424

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

53 11562

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GRACE A. COPENHAVER		2. DATE OF DEATH December 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Somerset	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crisfield	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Box 342	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 28, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	
13. FATHER'S NAME Edward Tull		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Charles W. Sterling		ADDRESS Crisfield	

18. 422.1 and E904.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Fracture of left hip  
Thrombophlebitis of left leg

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Crisfield, Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
November 195321E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fall to floor at home

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Burt

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Dec. 29, 1953

M.D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 1, 1954

St. Peters Cem.

Crisfield, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

Burward Covington

Crisfield, Md.

VS 151

js

N 820.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully spelled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 team  
1 permit



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-177919  
3 11563  
BIRTH NO.

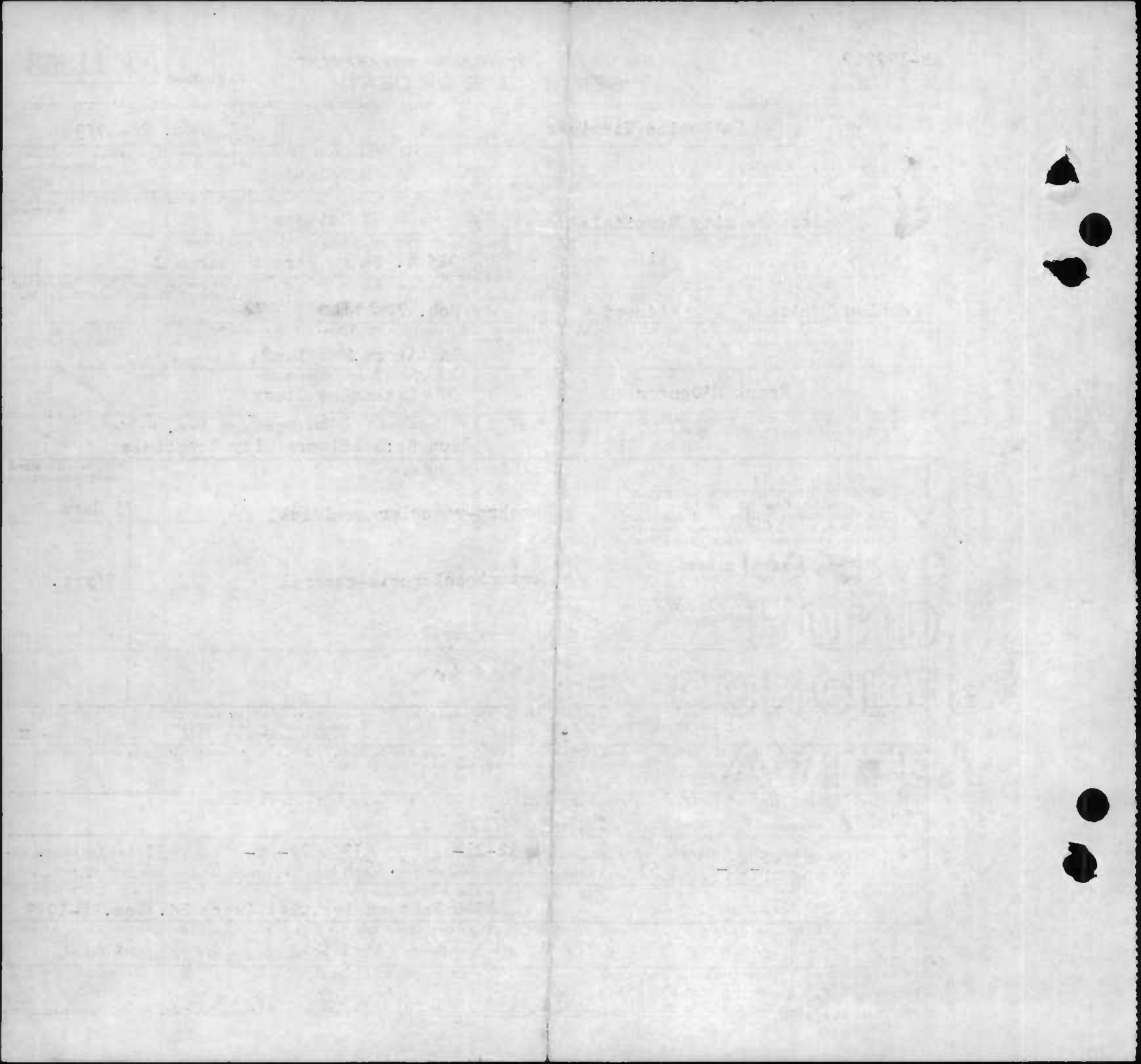
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11563

1. NAME OF DECEASED (Type or Print) Catherine Timmings			2. DATE OF DEATH Dec. 28-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 31 Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 915 E. Chase Street zone 2		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 7, 1881		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank O'Connor			14. MOTHER'S MAIDEN NAME Catherine Clark		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT 4940 Eastern Ave. ADDRESS Records: Baltimore City Hospitals		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident		INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis-general		20yrs.
(A) DUE TO		
(B) DUE TO		
(C) DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12-21-1953 to 12-28-1953 that I last saw the deceased alive on 12-28-1953, and that death occurred at 11:25 AM, from the causes and on the date stated above.		
23A. SIGNATURE H. John Bee	23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED Dec. 28-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-31-53	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
24D. LOCATION (City, town, or county) Baltimore, Md.	25. FUNERAL DIRECTOR Edmund W. Conklin, 224 E. Clay	
DATE RECEIVED BY LOCAL REGISTRAR DEC 30 1953	REGISTRAR'S SIGNATURE Huntington Williams	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT**  
**CERTIFICATE OF DEATH**

Registered No. **53 11564**

**BIRTH NO.** **53 11564**

**1. NAME OF DECEASED (Type or Print)** **REDMOND, CLEMENTINE**

**2. DATE OF DEATH** **12/28/53**

**3. PLACE OF DEATH:**  
**A. Baltimore City, Maryland**

**B. FULL NAME OF (If not in hospital or institution, give street address or location)** **UNIVERSITY HOSPITAL**

**C. LENGTH OF STAY IN BALTIMORE** **40 yrs**

**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)**  
**A. STATE** **MARYLAND**  
**B. COUNTY** **BALTIMORE**

**5. SEX** **F** **6. COLOR OR RACE** **C** **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** **SINGLE**

**8. DATE OF BIRTH** **AUG. 13, 1899** **9. AGE (In years last birthday)** **55**

**10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)** **Domestic** **10B. KIND OF BUSINESS OR INDUSTRY** **HOUSEWIFE**

**11. BIRTHPLACE (State or foreign country)** **MARYLAND** **12. CITIZEN OF WHAT COUNTRY?** **U.S.**

**13. FATHER'S NAME** **JOHN REDMOND** **14. MOTHER'S MAIDEN NAME** **MARY HALL**

**15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)** **NO** **16. SOCIAL SECURITY NO.** **220-30-6966**

**17. INFORMANT** **PATIENT** **ADDRESS**

**18. CAUSE OF DEATH**  
**I**  
**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH**  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**Pericarditis, purulent**  
**8 days**  
**ANTECEDENT CAUSES**  
**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.**  
**II**  
**OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

**19A. DATE OF OPERATION** **0** **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** **IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II** **20. AUTOPSY?** **YES** **NO**

**21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)** **21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)** **21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**

**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY** **21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK** **21F. HOW DID INJURY OCCUR?**

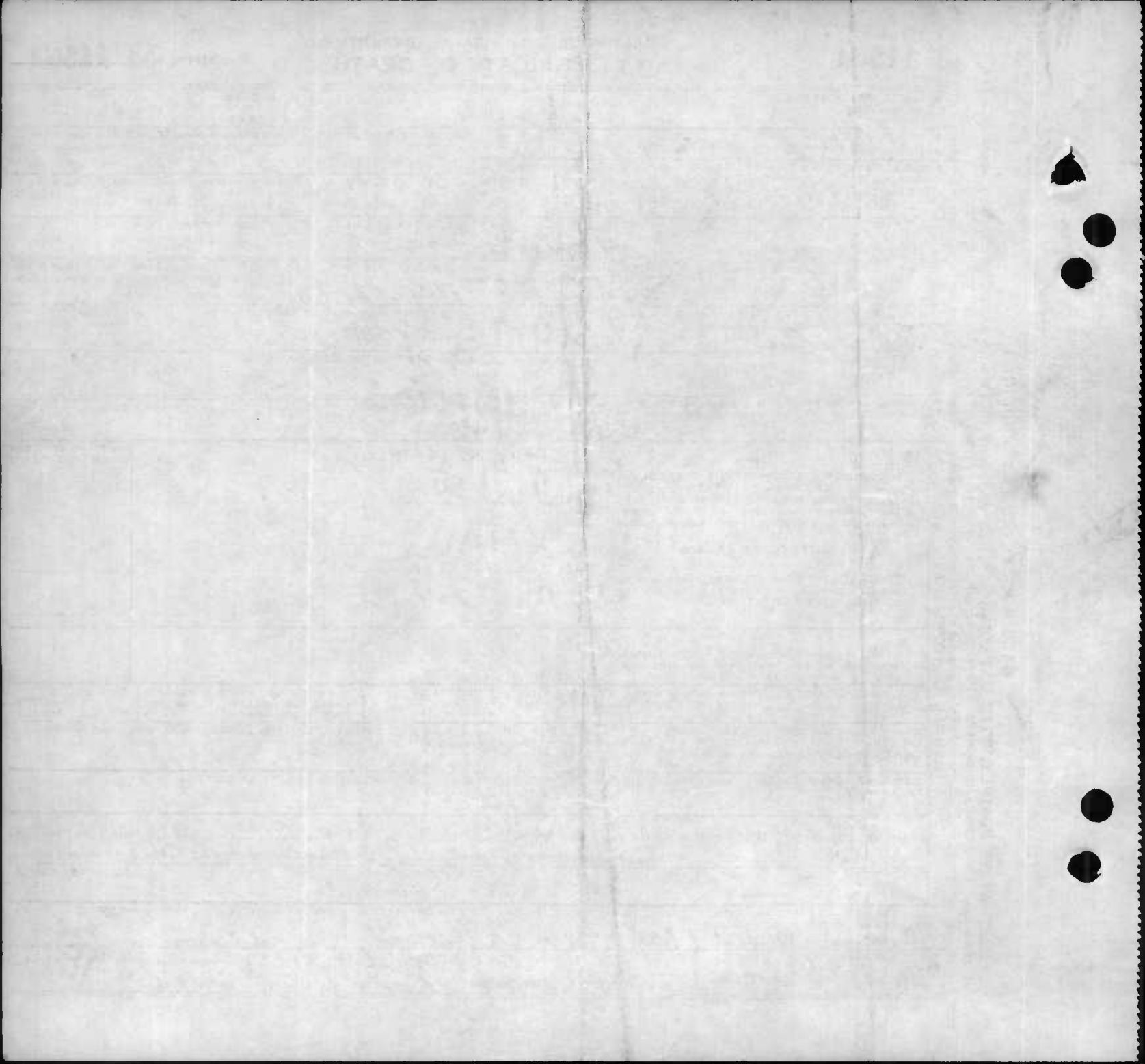
**22. I hereby certify that I attended the deceased from 12/21/53, 1953, to 12/28, 1953, that I last saw the deceased alive on 12/28, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.**

**23A. SIGNATURE** **Joseph R. Bous** **23B. ADDRESS** **UNIVERSITY Hosp** **23C. DATE SIGNED** **12/28/53**

**24A. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **24B. DATE** **Jan. 2, 1954** **24C. NAME OF CEMETERY OR CREMATORY** **New Cathedral Baltimore, Md** **24D. LOCATION (City, town, or county) (State)** **Baltimore, Md**

**DATE RECEIVED BY LOCAL REGISTRAR** **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR** **ADDRESS**

**VS 150** **7208A**

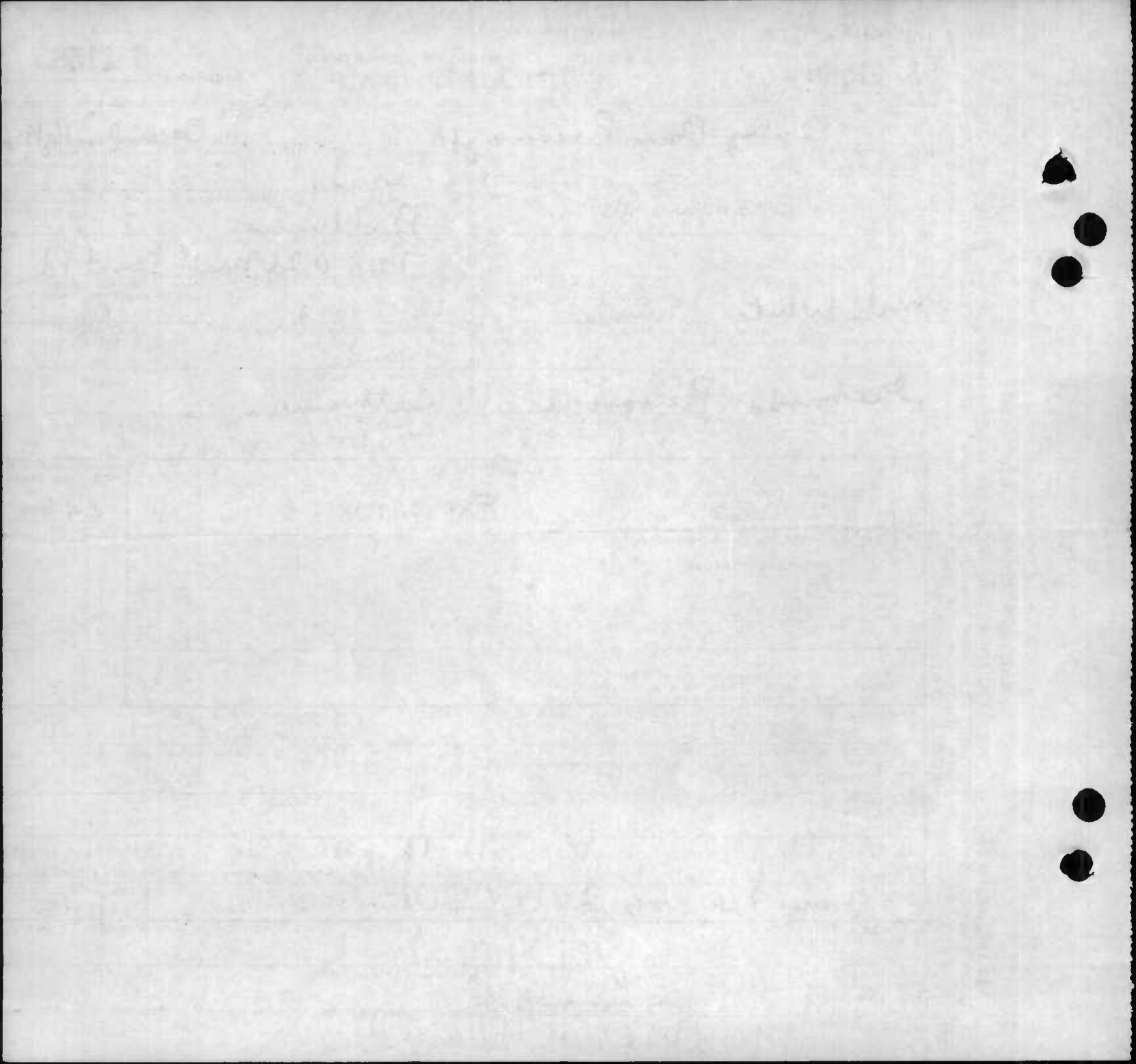


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11585		BALTIMORE CITY HEALTH DEPARTMENT		53 11565	
BIRTH NO. 53-3241P1ERORAZ98		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <b>Baby Bay Pierorazio</b>			2. DATE OF DEATH <b>December 16/1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>725 Old North Point Rd</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>12-15-53</b>	9. AGE (In years last birthday) <b>1</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Gerardo Pierorazio</b>			14. MOTHER'S MAIDEN NAME <b>Catherine</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		
18. <b>776x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>PREMATURITY</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>✓</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-15</b> , 19 <b>53</b> to <b>12-16</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-16</b> , 19 <b>53</b> , and that death occurred at <b>7:50 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>James J. Hudson, Jr.</b>			23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>12/19/53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 30 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS	
VS 150 <b>Hospital Disposal</b>					







MARGIN RESERVED FOR BINDING

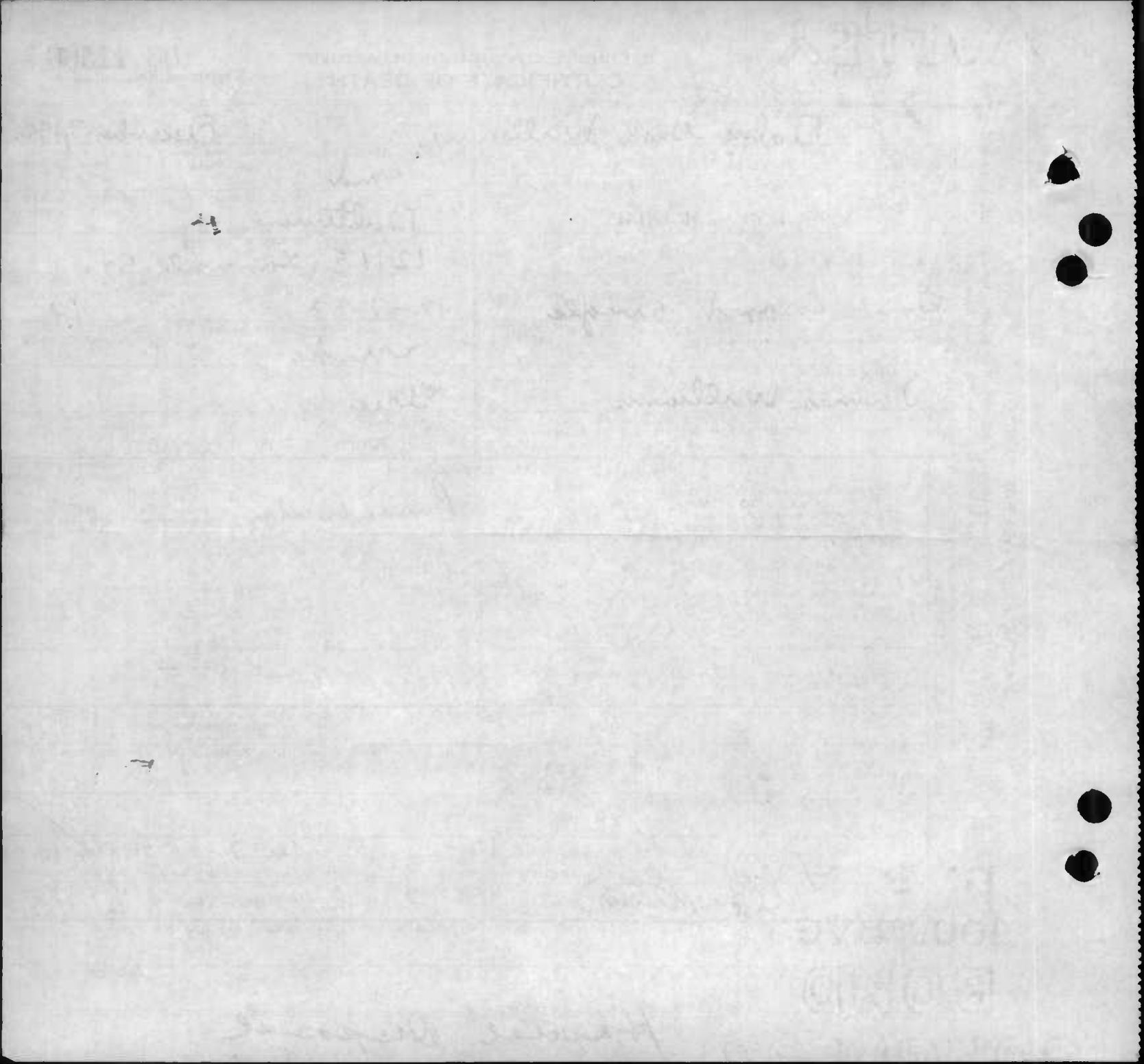
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452  
53 11566  
53-30100

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11566  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Esie Williams</i>			2. DATE OF DEATH <i>December 7, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1211 E. Lammale St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12-7-53</i>		9. AGE (In years last birthday) Months Days <i>10</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>James Williams</i>			14. MOTHER'S MAIDEN NAME <i>Elsie</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>776X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Premiaemia</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-7-1953</i> , to <i>12-7-1953</i> , that I last saw the deceased alive on <i>12-7-1953</i> , and that death occurred at <i>9:10 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12/10/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. (State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS	
<i>Hospital Disposal</i>					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**A-615**

**BALTIMORE CITY HEALTH DEPARTMENT**

**53 11567-53-30956** **CERTIFICATE OF DEATH** **Registered No. 53 11567**

**BIRTH NO.** 53 11567

**1. NAME OF DECEASED** (Type or Print) *Baby Girl Arvin*

**2. DATE OF DEATH** *Dec. 19, 1953*

**3. PLACE OF DEATH:**  
**A. Baltimore City, Maryland** *Ped. H.S. Prem*  
**B. FULL NAME OF HOSPITAL OR INSTITUTION** *JOHNS HOPKINS HOSPITAL*

**4. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
**A. STATE** *Md.*  
**B. COUNTY** *Baltimore*

**5. CITY OR TOWN** (If outside corporate limits, write RURAL and give township) *Baltimore*

**6. STREET ADDRESS** (If rural, give location) *1422 Oliver St*

**c. Length of stay in Baltimore**  
**Yrs.**  
**Mos.**  
**Days**

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** *Infant*

**8. DATE OF BIRTH** *12-18-'53*

**9. AGE (In years, last birthday)** *24*

**10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) *Female*

**10B. KIND OF BUSINESS OR INDUSTRY** *Colored*

**11. BIRTHPLACE (State or foreign country)** *Maryland*

**12. CITIZEN OF WHAT COUNTRY?** *Carrie Fowles*

**13. FATHER'S NAME** *Went Arvin*

**14. MOTHER'S MAIDEN NAME** *Carrie Fowles*

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT ADDRESS** *JOHNS HOPKINS HOSPITAL*

**18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **PREMATURITY**

**INTERVAL BETWEEN ONSET AND DEATH** *24hrs*

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

**19A. DATE OF OPERATION** *7*

**19B. CONDITION FOR WHICH OPERATION WAS PERFORMED**

**19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**

**20. AUTOPSY?** YES ☒ NO ☐

**21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)**

**21B. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21C. HOW DID INJURY OCCUR?**

**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY**

**21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**22. I hereby certify that I attended the deceased from 12-18-1953 to 12-19-1953, that I last saw the deceased alive on 12-19-1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.**

**23A. SIGNATURE** *James I. Hudson, Jr.* **M. D.**

**23B. ADDRESS** *JOHNS HOPKINS HOSPITAL*

**23C. DATE SIGNED** *12/19/53*

**24A. BURIAL, CREMATION, REMOVAL (Specify)**

**24B. DATE**

**24C. NAME OF CEMETERY OR CREMATORY**

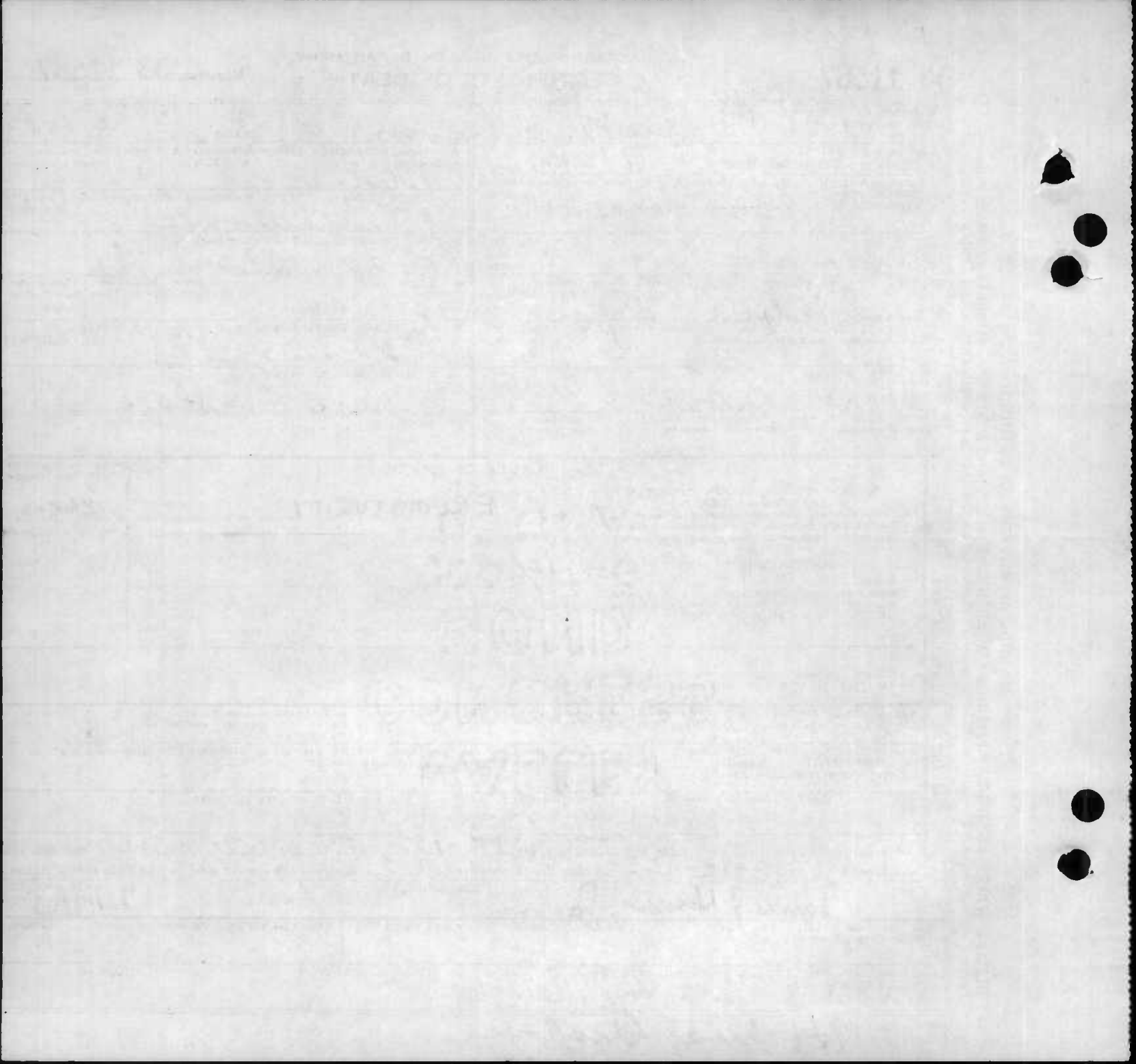
**24D. LOCATION (City, town, or county) (State)**

**DATE RECEIVED BY LOCAL REGISTRAR** *DEC 30 1953*

**REGISTRAR'S SIGNATURE** *Huntington Williams*

**25. FUNERAL DIRECTOR ADDRESS**

**VS 150** *Hospital Disposal*



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-2-60  
53 11568

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11568

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Dorothy A. Mc Guire</i>		2. DATE OF DEATH <i>Dec. 28, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1135 North Milton Avenue</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-03</i>	
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1135 North Milton Avenue</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 19, 1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Balte. Md.</i>
13. FATHER'S NAME <i>John H. Fink</i>		14. MOTHER'S MAIDEN NAME <i>Helena B. Strock</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mary H. Herman - 1135 N. Milton Ave. #3</i>
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Cerebral Thrombosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>		DUE TO <i>Arteriosclerosis</i> <i>6 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Chronic Myocarditis</i> <i>6 yrs.</i>		DUE TO <i>Hypertensive Cardio-vascular Disease.</i> <i>6 yrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb.</i> , 19 <i>47</i> to <i>Dec. 28</i> , 19 <i>53</i> that I last saw the deceased alive on <i>Dec. 28</i> , 19 <i>53</i> and that death occurred at <i>11 P.m.</i> , from the causes and on the date stated above			
23A. SIGNATURE <i>W. H. Simpson</i>		23B. ADDRESS <i>1613 E. North Ave.</i>	
23C. DATE SIGNED <i>12-30-53</i>		23D. LOCATION (City, town, or county) (State) <i>North Ave. - Balte. Md.</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-31-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>North Ave. - Balte. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 31 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>John C. Miller Inc.</i>		ADDRESS <i>2431 E. Oliver St.</i>	

VS 150

1128

1128





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11569

BIRTH NO. 11569

1. NAME OF DECEASED  
(Type or Print)

Frohn, John J.

2. DATE  
OF  
DEATH

December 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY DALE

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR ~~RESIDENCE~~

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
7803 Rohe Avenue

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

June 23-1986

9. AGE (In years last birthday)

67

10 Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Roofer

10B. KIND OF BUSINESS OR INDUSTRY

Employee

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U S. A.

13. FATHER'S NAME

John Frohn

14. MOTHER'S MAIDEN NAME

Mary Borgmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs John J Frohn 7803 Rohe Ave

18.

550.1 I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Thrombosis, femoral vein

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Gangrene, both lower extremities

19A. DATE OF OPERATION

Nov. 11 & Dec. 9, 1953

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Acute gangrenous ap- pendicitis; Peritonitis

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 30, 1953 to December 29 1953, that I last saw the deceased alive on Dec. 29 1953, and that death occurred at 10:45 am. from the causes and on the date stated above.

23A. SIGNATURE

B. J. J. J. J.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

Dec. 29, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE

12-31-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 31 1953

Huntington Williams

25. FUNERAL DIRECTOR

Lassak Funeral Home 7401 Belair Rd

ADDRESS

VS 150

581-24

BODY TAKEN BY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>58 11570</u>	
1. NAME OF DECEASED (Type or Print) <u>SAMUEL FRIEDENBERG</u>			2. DATE OF DEATH <u>12-30-1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>BALTO.</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>3706 NORTON 19 Road</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO. 13-01</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>927 BROOKS LANE</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>73</u>		9. AGE (In years last birthday) Months: Days <u>73</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Dept Store</u>		11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>
13. FATHER'S NAME <u>Harri</u>			14. MOTHER'S MAIDEN NAME <u>Not Known</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Lester Friedenbergy - 4709 Hunt Pk Ave</u>			ADDRESS		
18. <u>331X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u> DUE TO <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 1953</u> to <u>Dec 31<sup>st</sup></u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec. 29<sup>th</sup></u> , 19 <u>53</u> , and that death occurred at <u>6H</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Harold H. Bix</u>		23B. ADDRESS <u>2516 Linden Ave</u>		23C. DATE SIGNED <u>12-30-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>12-31-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Southern Ave</u>	
24D. LOCATION (City, town, or county) (State) <u>BALTO. MD</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, Jack Lewis Inc - 2100 Eutaw Pl.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 31 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			
VS 150 <u>4906C</u>					

Put  
2516 under all

VALLEY

CONCRETE

BOND

1964

1964

CERTIFICATE CORRECTED 1-5-54

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 11571

BIRTH NO. 53 11571

1. NAME OF DECEASED (Type or Print) <b>WALTER H. CUSTER</b>			2. DATE OF DEATH <b>Dec. 29, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>South Baltimore General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 24-04</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1505 William St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 8, 1884</b>	9. AGE (In years last birthday) <b>69 67</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pipe Fitter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Coast Guard</b>		11. BIRTHPLACE (State or foreign country) <b>Martinsburg, W. Va.</b>	
13. FATHER'S NAME <b>Unknown</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>-- --</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs. Harris Tress</b>			ADDRESS <b>2421 Westport St.</b>		

18. **E816.4 and 822.0**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Crushing injury of chest**

DUE TO

## ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Acute alcoholism**

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Key Highway &amp; B &amp; O Railroad 24/1</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Dec. 29, 1953 4:10 P.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Auto &amp; auto collision (driver)</b>	
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R S Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D.		23C. DATE SIGNED <b>Dec. 30, 1953</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1/2/54</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Ritchie Hgwy. Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>0311953</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>JOHN F. DENNY, INC. 715 Light St.</b>

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1977

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Usual Residence		8. Cause of Death		9. Manner of Death	
10. Signature of Physician		11. Signature of Medical Examiner		12. Signature of Registrar	
13. Signature of Coroner		14. Signature of Burial Officer		15. Signature of Interment Officer	
16. Signature of Funeral Home		17. Signature of Cemetery		18. Signature of Burial	
19. Signature of Interment		20. Signature of Burial		21. Signature of Interment	
22. Signature of Burial		23. Signature of Interment		24. Signature of Burial	
25. Signature of Interment		26. Signature of Burial		27. Signature of Interment	
28. Signature of Burial		29. Signature of Interment		30. Signature of Burial	
31. Signature of Interment		32. Signature of Burial		33. Signature of Interment	
34. Signature of Burial		35. Signature of Interment		36. Signature of Burial	
37. Signature of Interment		38. Signature of Burial		39. Signature of Interment	
40. Signature of Burial		41. Signature of Interment		42. Signature of Burial	
43. Signature of Interment		44. Signature of Burial		45. Signature of Interment	
46. Signature of Burial		47. Signature of Interment		48. Signature of Burial	
49. Signature of Interment		50. Signature of Burial		51. Signature of Interment	
52. Signature of Burial		53. Signature of Interment		54. Signature of Burial	
55. Signature of Interment		56. Signature of Burial		57. Signature of Interment	
58. Signature of Burial		59. Signature of Interment		60. Signature of Burial	
61. Signature of Interment		62. Signature of Burial		63. Signature of Interment	
64. Signature of Burial		65. Signature of Interment		66. Signature of Burial	
67. Signature of Interment		68. Signature of Burial		69. Signature of Interment	
70. Signature of Burial		71. Signature of Interment		72. Signature of Burial	
73. Signature of Interment		74. Signature of Burial		75. Signature of Interment	
76. Signature of Burial		77. Signature of Interment		78. Signature of Burial	
79. Signature of Interment		80. Signature of Burial		81. Signature of Interment	
82. Signature of Burial		83. Signature of Interment		84. Signature of Burial	
85. Signature of Interment		86. Signature of Burial		87. Signature of Interment	
88. Signature of Burial		89. Signature of Interment		90. Signature of Burial	
91. Signature of Interment		92. Signature of Burial		93. Signature of Interment	
94. Signature of Burial		95. Signature of Interment		96. Signature of Burial	
97. Signature of Interment		98. Signature of Burial		99. Signature of Interment	
100. Signature of Burial		101. Signature of Interment		102. Signature of Burial	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is important. Physicians: please write the causes of death clearly and legibly.

H-300  
53 11572

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11572

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Thomas Franklin Hidey</u>			2. DATE OF DEATH <u>December 30, 1953</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY _____		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5205 Gwynn Oak Avenue-7-</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 28-02</u>		
c. Length of stay in Baltimore <u>76</u> Yrs. <u>76</u> Mos. <u>76</u> Days			d. STREET ADDRESS (If rural, give location) <u>5205 Gwynn Oak Ave-7-</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1877</u>	9. AGE (In years last birthday) <u>76</u>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Transfer</u>		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		
13. FATHER'S NAME <u>Christopher Hidey</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Jones</u>		
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>217-329890A</u>		
17. INFORMANT <u>Mrs. Sarah E. Hidey</u>			ADDRESS <u>5205 Gwynn Oak Ave-7-</u>		

18. <u>581.0</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia</u> (A) _____ DUE TO <u>Cirrhosis of Liver</u> (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>3 years</u>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>December 14, 1953</u> to <u>present</u> , that I last saw the deceased alive on <u>December 18, 1953</u> , and that death occurred at <u>11:30 A</u> m., from the causes and on the date stated above.		
23a. SIGNATURE <u>William T. Traub</u>	23b. ADDRESS <u>5101 Gwynn Oak Ave Bldg 2 Md</u>	23c. DATE SIGNED <u>12/30/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge</u>
24d. LOCATION (City, town, or county) (State) <u>Pikeville Md.</u>	25. FUNERAL DIRECTOR <u>William Williams, 421 Wm Cal. Ave. 217 St. Paul st.</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# CERTIFICATE CORRECTED

1-7-54

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11573

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Powell, Edwin L.

2. DATE  
OF  
DEATH

12/30/53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE Maryland, B. COUNTY Baltimore.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Franklin Square Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore.

C. Length of stay in Baltimore

Life.

O. STREET ADDRESS (If rural, give location)

1206 WATNEY ST.

5. SEX

Male

6. COLOR OR RACE

White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married. Single

8. DATE OF BIRTH

6/25/1912

9. AGE (In years last birthday)

41

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Helper

10B. KIND OF BUSINESS OR INDUSTRY

Furniture

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Powell

14. MOTHER'S MAIDEN NAME

Mary Hucklebee.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Milton T. Powell 1206 Watney St

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hepatic Coma  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cirrhosis of Liver.  
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/26/53, 1953, to 12/30/53, 1953, that I last saw the deceased alive on 12/30/53, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Edwin L. Powell

M.O.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

12/30/53.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/2/54

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St.

CERTIFICATE OF DEATH

MADE IN THE CITY OF NEW YORK

1-1-19

1-1-19

Name of Deceased		Age		Sex		Race		Religion		Marital Status		Occupation		Cause of Death		Date of Death		Place of Death		Signature of Physician		Signature of Registrar	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

53 11574

BIRTH NO. 53 11574		2. DATE OF DEATH Dec. 30-53	
1. NAME OF DECEASED (Type or Print) Mary O. Jones.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: a. Baltimore City, Maryland		A. STATE Md.	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Hood Nursing Home.		B. COUNTY Balto	
c. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 13-02	
5. SEX Female	6. COLOR OR RACE White	D. STREET ADDRESS (If rural, give location) 748 Reservoir St.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/29/1880	9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Alabama	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James S. Hatfield	14. MOTHER'S MAIDEN NAME Caroline Stevens	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO.	17. INFORMANT 7195 St. ADDRESS Jas. Morrissey Sparrows P. Md.	18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) ARTERIO-SCLEROTIC CARDIO- VASCULAR DISEASE & PULMONARY EDEMA	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) CEREBRAL THROMBOSIS HEMAPLEGIA LEFT -	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) COLOSTOMY	
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/9, 1953, to 12/30, 1953, that I last saw the deceased alive on 12/30, 1953, and that death occurred at 8:25 P. M., from the causes and on the date stated above.			
23A. SIGNATURE John H. Shaw	23B. ADDRESS 701 Cherry Creek Rd.	23C. DATE SIGNED 12/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/54	24C. NAME OF CEMETERY OR CREMATORY Meadowridge	24D. LOCATION (City, town, or county) (State) Dorsey Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 31 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Oak Inc. 1217 St. Paul St	

44-15  
CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

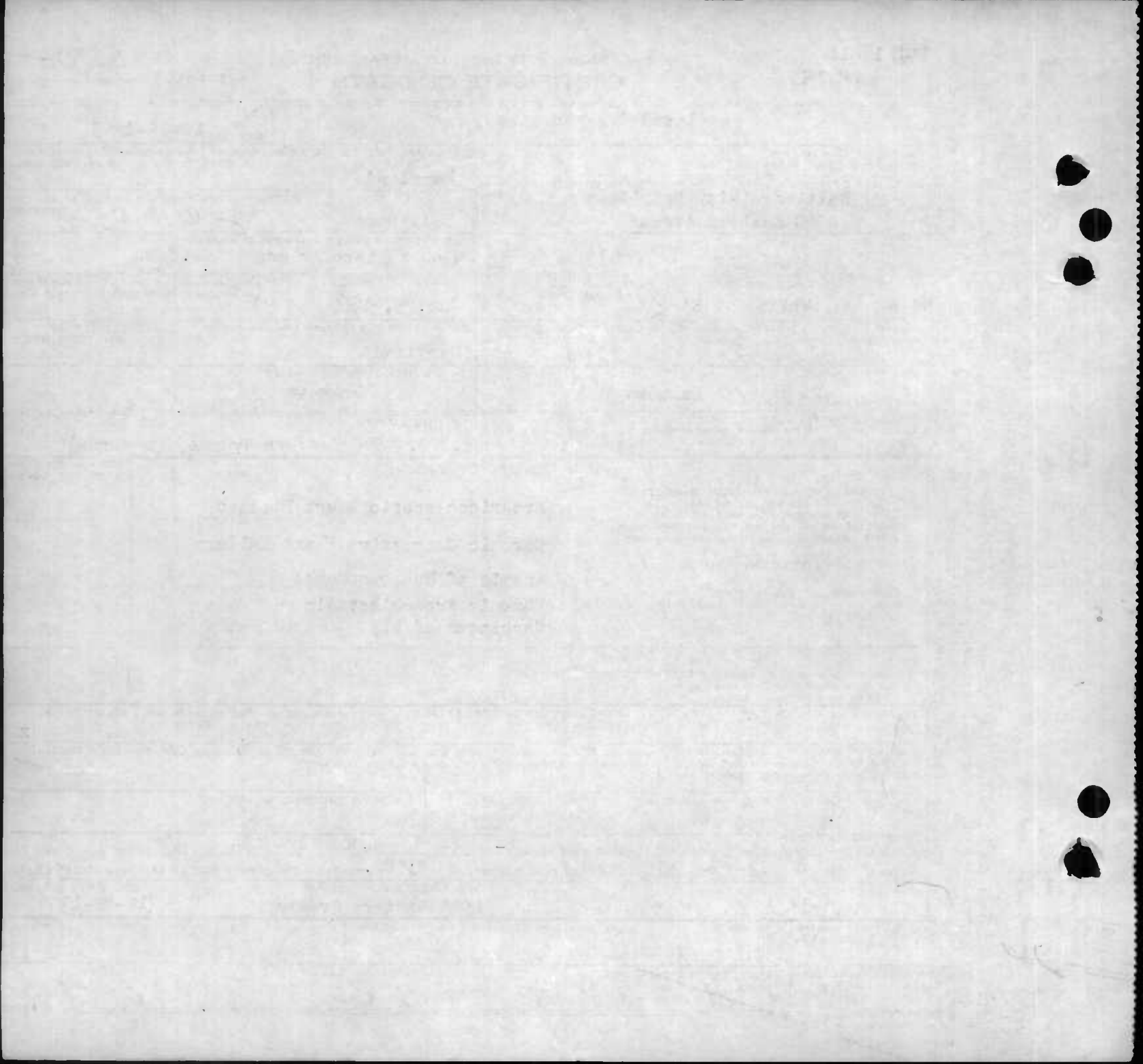
CONFIDENTIAL



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FVJ 12411 53 11575 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11575 Registered No.	
1. NAME OF DECEASED (Type or Print) Leonard Bauer			2. DATE OF DEATH 12-29-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OF Baltimore City Hospitals 31 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4940 Eastern Avenue B.C.H.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 5, 1960		9. AGE (In years last birthday) 93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Dealer			10B. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Henry Bauer Unknown			14. MOTHER'S MAIDEN NAME Unknown Anna Eberhardt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (records)	
18. 420.0 and 140X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO Chronic Congestive Heart Failure (B) Anemia of Unknown Cause DUE TO Chronic Bronchiectasis (C) Carcinoma of Lip		
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-28-1930, to 12-29-1953, that I last saw the deceased alive on 12-29-1953, and that death occurred at 9:08 P.m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Bauer		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED 12-29-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Dec 31-1953		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams & Son Corp Inc - 1217 St Paul St			
DATE RECEIVED BY LOCAL REGISTRAR DEC 31 1953		VS 150			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CCG-178044

53 11576

BIRTH NO.

CERTIFICATE AMENDED FROM C D REPORT CARD REC'D AFTER DEATH # 1399

BALTIMORE CITY HEALTH DEPARTMENT from Baltimore City Hospitals

## CERTIFICATE OF DEATH

Registered No. 11576

1. NAME OF DECEASED (Type or Print) <b>Dina Peters</b>			2. DATE OF DEATH <b>12-29-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <b>Baltimore City Hospitals</b> INSTITUTION <b>4940 Eastern, Ave</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>50 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>719 S. Conkling, St Zone 24</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct. 18, 1879</b>	9. AGE (In years last birthday) <b>74</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
13. FATHER'S NAME <b>?</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>B. C. H. 4940 Eastern, Ave (records)</b>	
18. I <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CAUSE OF DEATH</b> (A) <b>Broncho-pneumonia right lower lobe and left lower lobe, organism undetermined</b> (B) <b>Disseminated Tuberculosis, (lungs involved)</b> (C) <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <b>2</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-25</b> , 1953, to <b>12-29</b> , 1953 that I last saw the deceased alive on <b>12-29</b> , 1953, and that death occurred at <b>2:10p. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. ...</i>		23B. ADDRESS <b>4940 Eastern Ave. Balto. Md</b>		23C. DATE SIGNED <b>12-29-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1/2/54</b>		24C. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN</b>	
24D. LOCATION (City, town, or county) <b>BALTIMORE MD</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 31 1953</b>		24F. REGISTRAR'S SIGNATURE <i>...</i>	
25. FUNERAL DIRECTOR <b>Blairie P. Hoffmann 1639 Broadway</b>		25. ADDRESS <b>1639 Broadway</b>			



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

53 11577

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Harry L. Lawrence

2. DATE

OF  
DEATH Dec. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1105 S. BINNEY ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

1105 S. Binney St.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 12, 1898

9. AGE (In years

last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR

INDUSTRY

City Employee

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Gus Lawrence

14. MOTHER'S MAIDEN NAME

Minnie Luther

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Estelle Arnold 1105 S. Binney St.

18.

002X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Chronic valvular heart disease

DUE TO

?

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial insufficiency

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1953 to Dec. 28, 1953 that I last saw the  
deceased alive on 12-28-1953, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

P. A. Bronushas

23B. ADDRESS

M. D. 3037 O'Donnell St.

23C. DATE SIGNED

12-31-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 2, 1954

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Lilly &amp; Zeiler Inc., 403 S. Wolfe St.

VS 150

69093



REPORT OF THE HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		TIME OF DEATH		PLACE OF BURIAL	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
DATE OF REPORT		TIME OF REPORT		PLACE OF REPORT		NAME OF REPORTER		TITLE OF REPORTER		OFFICE OF REPORTER	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 11578BIRTH No. 11578

1. NAME OF DECEASED (Type or Print) <b>JEAN MATULA</b>			2. DATE OF DEATH <b>Dec. 29, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>BALTO. Co</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Co</b>		
c. Length of stay in Baltimore <b>life</b>			D. STREET ADDRESS (If rural, give location) <b>518 Elmwood Rd.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 4, 1917</b>	9. AGE (in years last birthday) <b>36</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Politan</b>			14. MOTHER'S MAIDEN NAME <b>unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Joseph Matula, husband, above</b>		
18. <b>491x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute bronchopneumonia</b> (A) DUE TO  ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>B. J. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Dec. 30, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jan. 2, 1954</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Franklin H. Williams, Jr.</i>		25. FUNERAL DIRECTOR <b>Schimunek Funeral Home, Inc.</b>		ADDRESS <b>2601-3-5 E. Madison St.</b>

STATE OF NEW YORK  
CERTIFICATE OF DEATH

HOUSE

DEPT. OF HEALTH

NEW YORK

DEPT. OF HEALTH

DEPT. OF HEALTH

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11579

BIRTH NO. 53 11579

1. NAME OF DECEASED  
(Type or Print)

Parker, Curtis

(Curtis Thomas)

2. DATE  
OF  
DEATH

12-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

1300 Block N. Gilmore St

c. Length of stay in Baltimore

Several months

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 10 1935

9. AGE (In years  
last birthday)

18

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Salmer

11. BIRTHPLACE (State or foreign country)

Wilson Co NC

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Hersey Edwards

14. MOTHER'S MAIDEN NAME

Mitchell Thomas Sumterbridge NC

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

holy

18. E981X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Gunshot wound of Chest

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Massive Hemorrhage

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

House

21C. WHERE DID (If in Baltimore City, give exact location)

1303 Gilmore Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Dec. 26, 1953 6:00 P. m.

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot in chest

22. I certify that I took charge of the remains described above, held an \_\_\_\_\_ thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-27-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 30 1953

24C. NAME OF CEMETERY OR CREMATORY

Sandy Shore Cemetery

24D. LOCATION (City, town, or county)

Sumterbridge NC

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

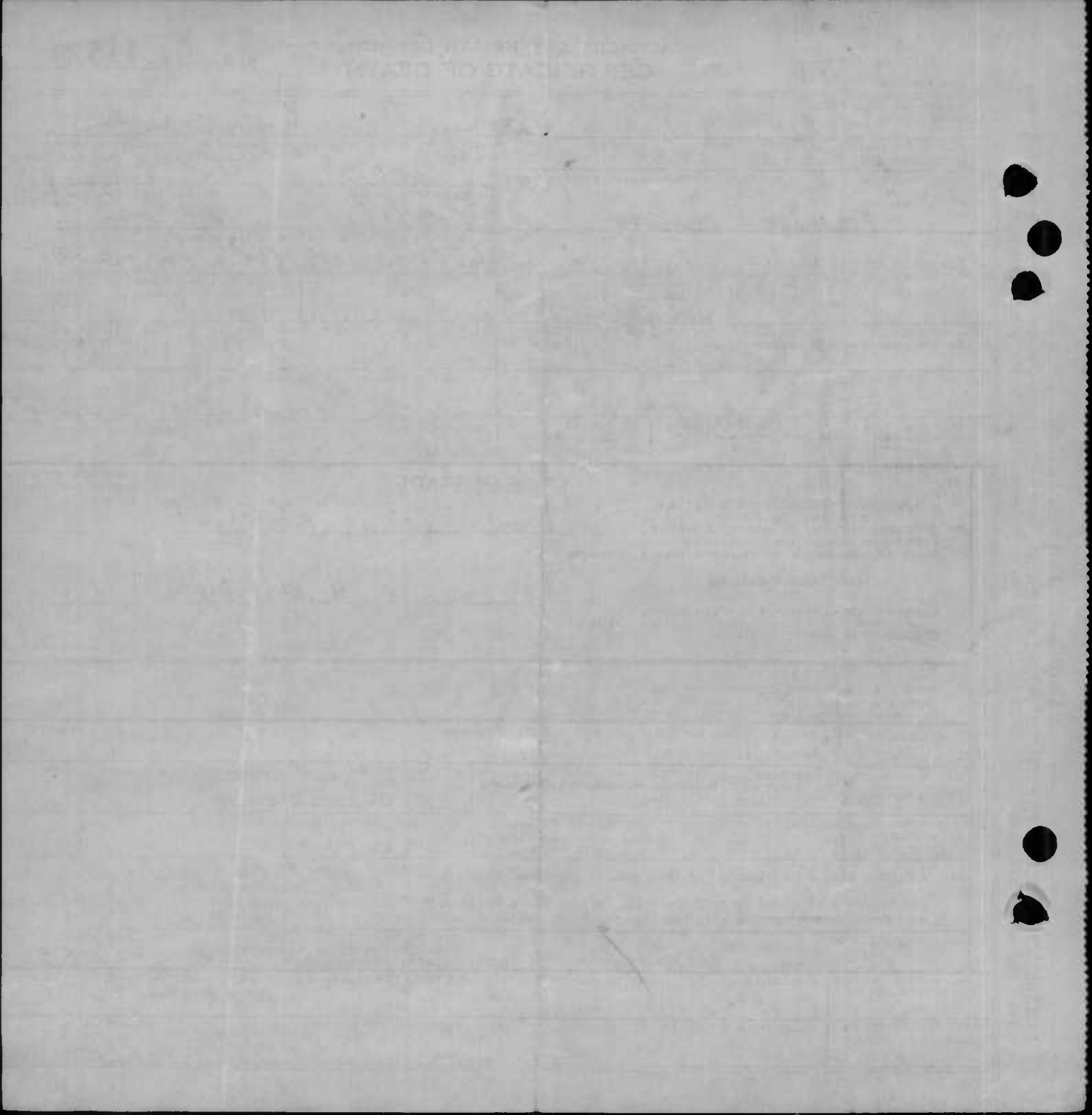
25. FUNERAL DIRECTOR

ADDRESS

V S 151

js N862.40

97099



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11580

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11580  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary R. Hammen

2. DATE  
OF  
DEATH

Dec. 29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2135 Jefferson St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

2138 Jefferson St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

2138 Jefferson St

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 17, 1879

9. AGE (In years)

last birthday

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Chartrue

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Amelia Kiser 1336 W. Lombard St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1953, to Dec 29, 1953, that I last saw the deceased alive on Dec 29, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 2, 1954

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem

24D. LOCATION (City, town or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 31 1953

Huntington Williams

Philip's Funeral Home

2024 Orleans St w31

VS 150

11080





W-123

53 11581

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11581

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harry E. Webster

2. DATE  
OF DEATH

Dec. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

4933 Denmore Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Bronchial pneumonia, Cirrhosis of liver, Chronic myocarditis, Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

several months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Alcoholism

DUE TO

(C) Oral sepsis, malnourishment

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from Dec. 28, 1953, to Dec. 30, 1953, that I last saw the deceased alive on Dec. 28-53, 1953, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert M. Williams M.D.

23B. ADDRESS

1200 Saint Paul Street

23C. DATE SIGNED

Dec. 31, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 31 1953

Huntington Williams

Spring Myers 5005 E. Hightman

1981

CERTIFICATE OF DEATH

1981



M-262  
53 11582BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11582

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Theodore Messersmith*2. DATE  
OF  
DEATH*Dec. 29/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *5708 Park Heights*

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*5708 Park Heights Ave*

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore *about 65 yrs*Yrs.  
Mos.  
Days*5708 Park Heights Ave*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday) If Under 1 Year  
Months Days If Under 24 Hours  
Hours Min.*M**W.**Single**Feb. 18, 1870**83*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?*Butcher**Meat Business**Germany*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

*Phillips Messersmith**Johanna Pertram*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*5708*

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

*Aortic Stenosis*INTERVAL BETWEEN  
ONSET AND DEATH*Unknown*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

*Advanced age*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from *Jan*, 1953 to *Dec 29*, 1953 that I last saw the deceased alive on *Dec 29*, 1953, and that death occurred at *9:15 am*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*C. B. Exner*

M. D.

*4936 Park Heights Ave**12-30-53*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**Jan 1, 1954**Druid Ridge**Balto. Maryland*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*DEC 31 1953**Huntington Williams**Spring Byers 5005 Park Heights Ave**Balto. MD*

CERTIFICATE OF DEATH

STATE OF NEW YORK

1912

1912



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CCG-176769

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

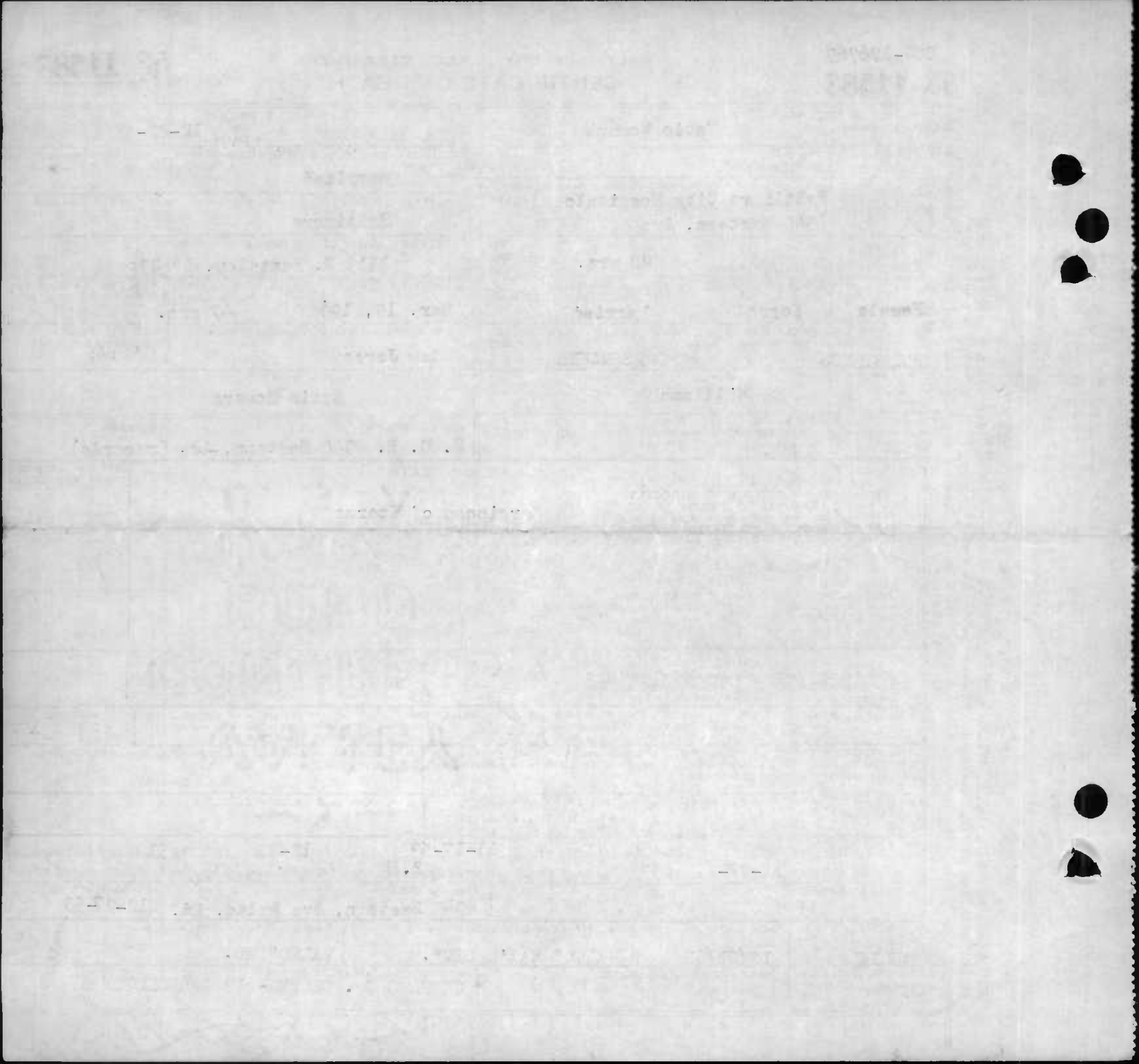
Registered No. **53 11583**

BIRTH NO. **53 11583**

1. NAME OF DECEASED (Type or Print) <b>Katie Womack</b>			2. DATE OF DEATH <b>12-27-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern, Ave</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>15-03</b>		
c. Length of stay in Baltimore <b>28 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>1513 N. Bentalou, St 23</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 19, 1906</b>		9. AGE (In years last birthday) <b>47 yrs.</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SEAMSTRESS</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DRESSMAKER</b>	11. BIRTHPLACE (State or foreign country) <b>New Jersey</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13. FATHER'S NAME <b>Williams</b>			14. MOTHER'S MAIDEN NAME <b>Annie Bowers</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT ADDRESS <b>B. C. H. 4940 Eastern, Ave (records)</b>		
18. <b>174x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Uterus</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>11-17-53</b> , 19 <b>53</b> , to <b>12-27</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-27-</b> , 19 <b>53</b> , and that death occurred at <b>2. PM</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles G. Cooper</i>		23B. ADDRESS <b>4940 Eastern, Ave Balto. Md.</b>		23C. DATE SIGNED <b>12-27-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>12/31/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>BALTO° NAT'L CEM°.</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTO° MD.</b>		25. FUNERAL DIRECTOR ADDRESS <b>CHARLES G. COOPER-512 CARROLLTON AV,</b>			

**69046 Charles G. Cooper**







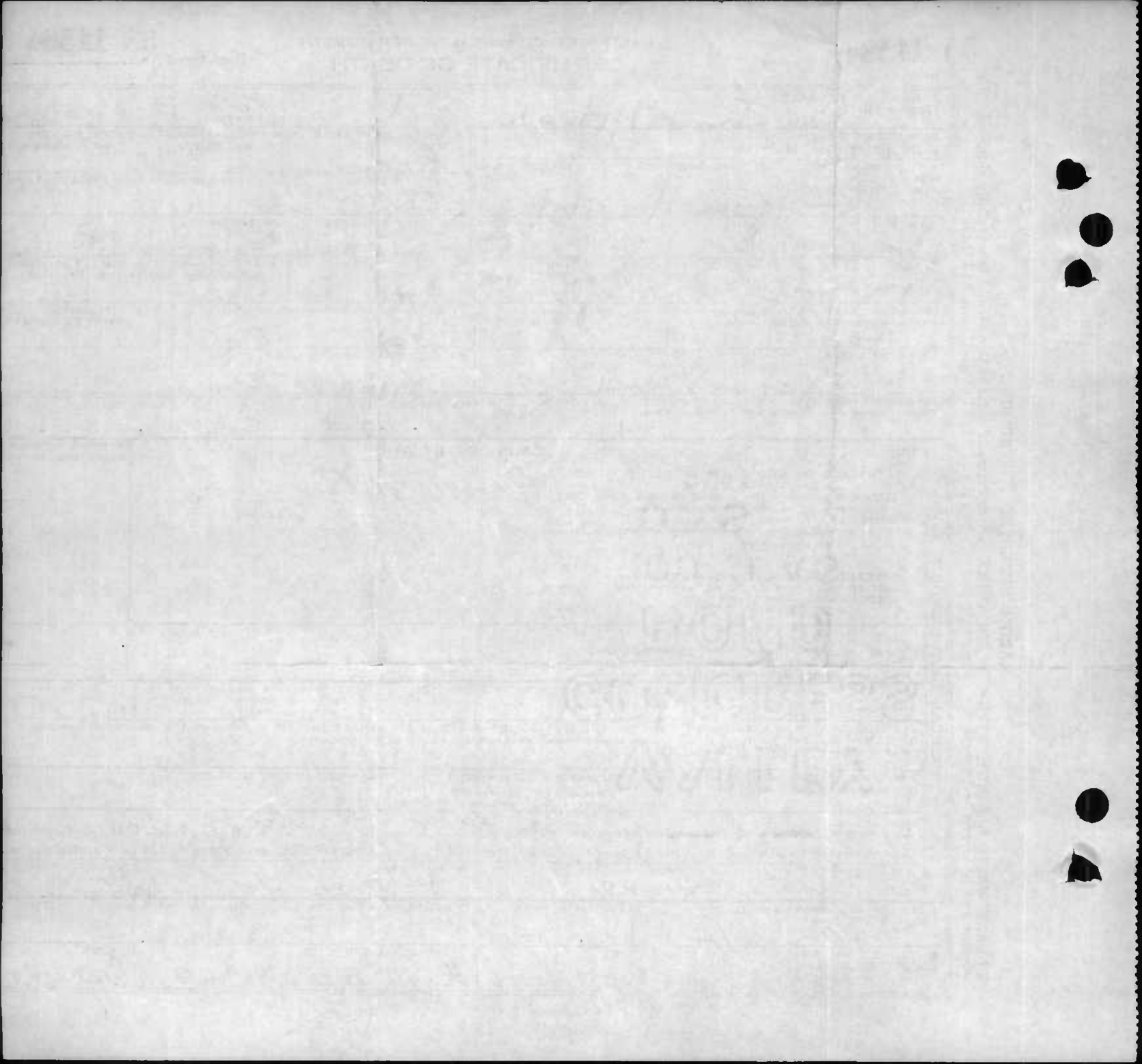
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 H-610  
11584BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11584  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Rev. James J. Harvey, S.S.</i>		2. DATE OF DEATH <i>12-29-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>17-01</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>7</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>St. Mary's Seminary-Paca St</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>8-15-1900</i>	9. AGE (In years last birthday) <i>53</i> If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Priest</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pa</i>	
13. FATHER'S NAME <i>James Harvey</i>		14. MOTHER'S MAIDEN NAME <i>Mary Shield</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Rev. J. Carroll McHugh 600 N. Paca St.</i>	
18. <i>155X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of the Liver, primary</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>12-29-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 16 1953</i> , to <i>Dec 29, 1953</i> , that I last saw the deceased alive on <i>Dec 29, 1953</i> , and that death occurred at <i>11:55 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John D. Sumler</i>		23B. ADDRESS <i>St Agnes Hosp</i>		23C. DATE SIGNED <i>Dec 29, 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/2/54</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Charles</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 31 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. W. Meakes and Son 505 N. Calvert St</i>	

0098W



58-250  
11585

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

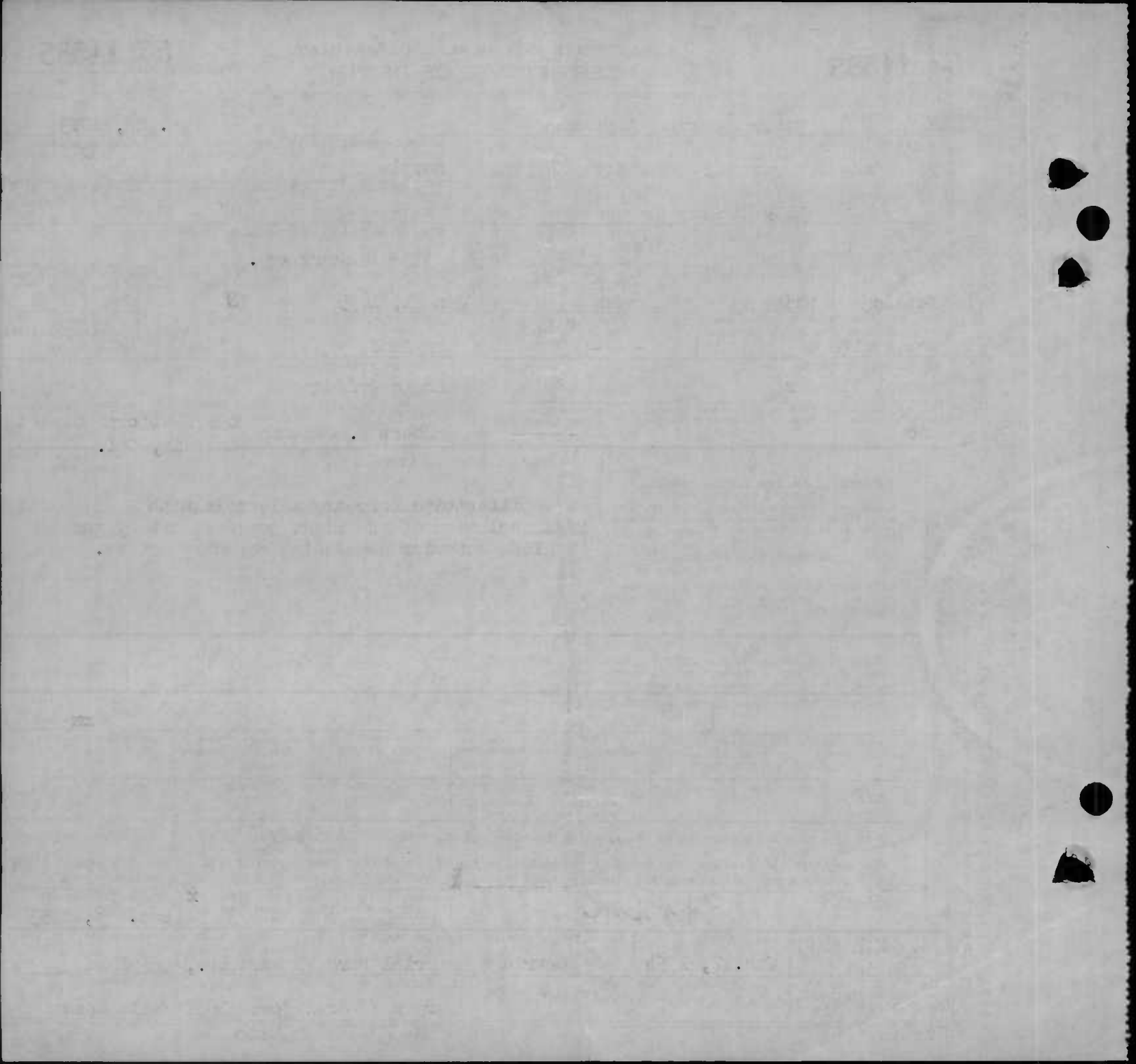
Registered No. 53 11585

1. NAME OF DECEASED (Type or Print) <b>Katie Marie Jackson</b>			2. DATE OF DEATH <b>Dec. 28, 1953</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Howard</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3439 Hickory Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b> Yrs. <b>Life</b> Mos. <b>Life</b> Days <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>3439 Hickory Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 21, 1895</b>		9. AGE (In years last birthday) <b>58</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
13. FATHER'S NAME <b>Samuel Slinner</b>			14. MOTHER'S MAIDEN NAME <b>Carrie Jeffery</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Herbert E. Jackson</b>
			ADDRESS <b>635 Hawthorne Street</b>		
			<b>Anaheim, Cal.</b>		

18. <b>470.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Obliterative coronary sclerosis with occlusion of the right coronart artery and left anterior descending coronary artery.</b>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <b>---</b> (B) <b>---</b> (C) <b>---</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>---</b>					
19A. DATE OF OPERATION <b>---</b>		19B. MAJOR FINDINGS OF OPERATION <b>---</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>---</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>---</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>---</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. Fisher</b>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Dec. 28, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jan. 2, 1954</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Meadowridge Memorial Park</b>		24D. LOCATION (City, town, or county) (State) <b>Howard Co., Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 31 1953</b>	REGISTRAR'S SIGNATURE <b>---</b>		25. FUNERAL DIRECTOR <b>Burgee Funeral Home</b> <b>3631 Falls Road</b> <b>Norace F. Burgee</b>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

L-200

53 11586

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11586

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. William I. Lake

2. DATE  
OF  
DEATH

Dec. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1802 Nursing Home, Eutaw Pl.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

340 East 28th Street

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 26, 1885

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Auto Works

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John E. Lake

14. MOTHER'S MAIDEN NAME

Rebecca Esenger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)

W.W.1

16. SOCIAL SECURITY NO.

212-10-4285A

17. INFORMANT

ADDRESS

Mrs. Dora W. Lake, 340 E. 28th St.

18.

260X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Arteriosclerosis Ht Aneurysm

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Diabetes Mellitus

DUE TO

Chronic Nephritis

6 years

6 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1940, 19, to Dec 30, 1953, that I last saw the deceased alive on Dec 29, 1953, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John Smith

23B. ADDRESS

1223 E North Ave

23C. DATE SIGNED

12/31/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 1, 1954

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

683 35

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
DEATH CERTIFICATE

1900

DATE OF DEATH  
PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

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PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

501  
D. V. SMITH  
Mercy



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-162

53 11587

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11587

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harry Seabrese

2. DATE  
OF  
DEATH

Dec. 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

911 N. Chester St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

931 N. Chester St.

c. Length of stay in Baltimore

70 Years

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 4, 1867

9. AGE (in years last birthday)

86

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ice Dealer

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Seabrese

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Ellen Amend-911 N. Chester St.

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Degeneration

INTERVAL BETWEEN ONSET AND DEATH

570.

ANTECEDENT CAUSES

(B) DUE TO

Atherosclerosis

1070 T

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1943 to Dec. 31, 1953, that I last saw the deceased alive on 12-28, 1953, and that death occurred at 7:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

David Schneider

23B. ADDRESS

M. D.

1101 N. Winton Ave

23C. DATE SIGNED

12-31-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 2, 1954

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore 6, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 31 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Fr. O'neal &amp; Son, 900 N. Chester St.

DE 11285

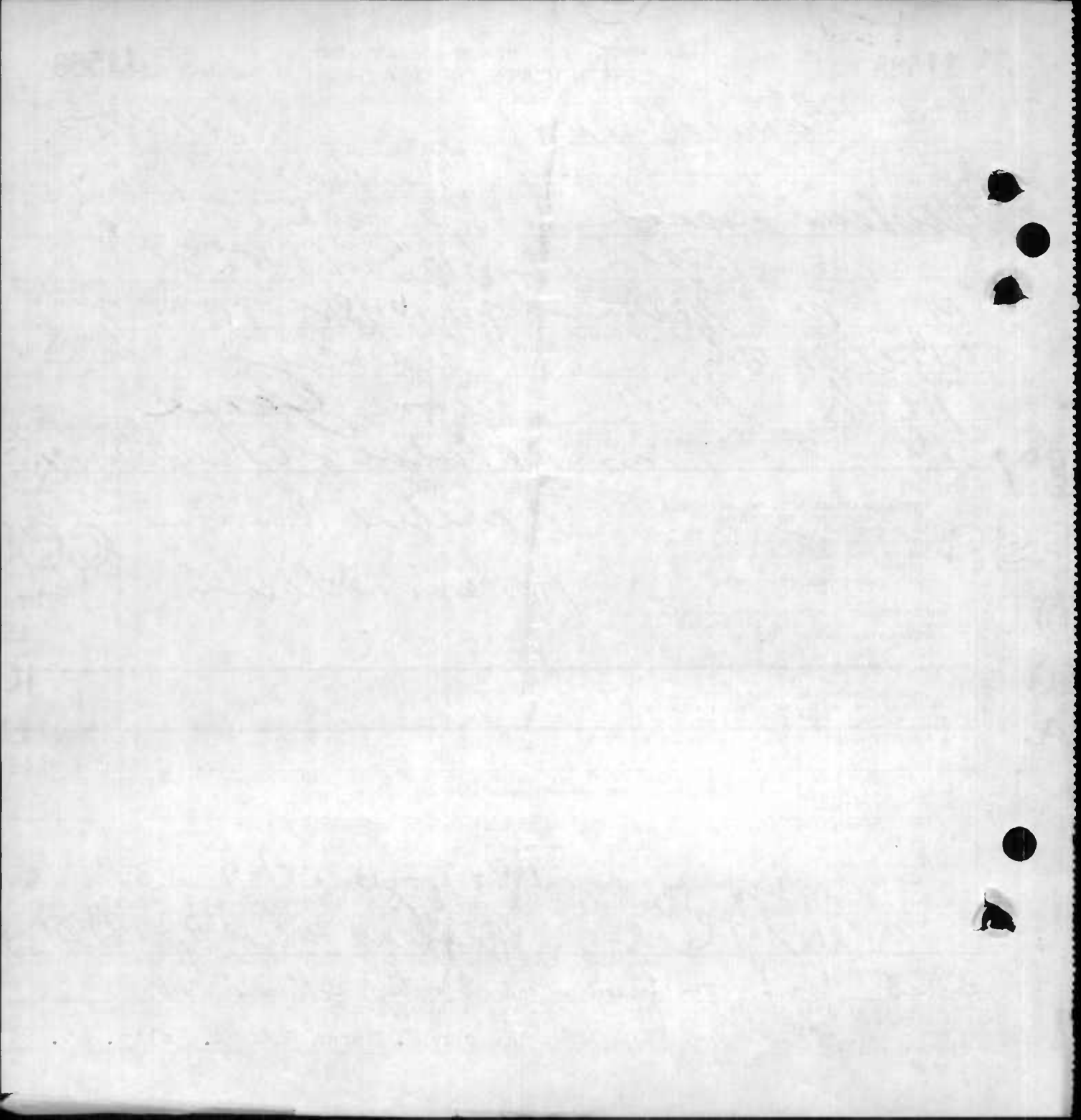
12/11/72

DE 11285



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-620 53 11588		KIRK BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11588 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Clarence C. Kirk</i>			2. DATE OF DEATH <i>12/8/53</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Marion General</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>610 East 34th St</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July 16 1882</i>	9. AGE (In years last birthday) <i>71</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Bookbinder</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Heah</i>		14. MOTHER'S MAIDEN NAME <i>Agnes Jones</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>113-03-8370</i>		17. DECEASED'S ADDRESS <i>3809 Beech</i>	
18. <i>332X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis</i>			CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO (B) <i>Asteria. Adrenia</i> DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH <i>2 day</i> <i>Worsen</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/7/53</i> to <i>12/8/53</i> , that I last saw the deceased alive on <i>12/7/53</i> , and that death occurred at <i>6:38</i> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Marion General</i>		23b. ADDRESS <i>M.D. Marion General</i>		23c. DATE SIGNED <i>12/8/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 2, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park Cemetery</i>	
24d. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>John A. Moran</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 31 1953</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, Jr.</i>			
25. FUNERAL DIRECTOR ADDRESS <i>3000 E. Balto. St. 24</i>					



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11589

G-300  
53 11589

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DESDEMONA GITH.

2. DATE

OF

DEATH

DECEMBER 30 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTIMORE CITY.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONHARFORD CONVALESCENCE HOME  
4700 HARFORD AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY MARYLAND.

D. STREET ADDRESS (If rural, give location)

725 McKEWIN AVE

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

Female

White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 19, 1878

9. AGE (In years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

? Abrams

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Mr. Edw. C. Miller 3607 Lochearn Drive

18.

422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) APOPLEXY

DECEMBER 11 1953

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIOR SCLEROSIS.

1950.

DUE TO

CARDIO VASCULAR DISEASE.

1950.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHRONIC ARTHRITIS.

19A. DATE OF OPERATION

NONE.

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPTEMBER 19 53 to DECEMBER 30 53 that I last saw the deceased alive on DEC 30, 19 53, and that death occurred at 9.20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles P. Cloutier

M. D.

23B. ADDRESS

3013 SAINT PAUL STREET. DECEMBER 30 53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/2/54

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 31 1953

Huntington Williams

Wm. J. Eckner, 1000 Ave. Bell Mt

00011

RECEIVED

00011





P-000 CERTIFICATE AMENDED 1/18/54 ES

53 11590

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11590

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH WEBB POE

2. DATE  
OF  
DEATH

12/31/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-11

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

42 Waverton Rd. #10

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday) Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Diffuse Metastatic Carcinoma

(B)

DUE TO

Pancreas, possible primary site with possibilities then ranking (2) stomach-3 kidney 4-Ovary

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 12/14 1953, to 12/31 1953, that I last saw the deceased alive on 12/31, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

F. M. Charles

M. D.

Union Memorial Hospital

12/31/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 31 1953

Stewart & Mowen Co., 108 W. North Ave.,  
City #1.

See query reply in Document file

D-660  
53 11591BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11591

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Carlene Manning Drury

2. DATE  
OF  
DEATH

Dec-30-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Mass.

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

at home

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Daverhill

D. STREET ADDRESS (If rural, give location)

ap 11 Winter St.

c. Length of stay in Baltimore

1 month

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Artery Disease

6 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 12-19, 1953, to 12-30, 1953 that I last saw the  
deceased alive on 12-19, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

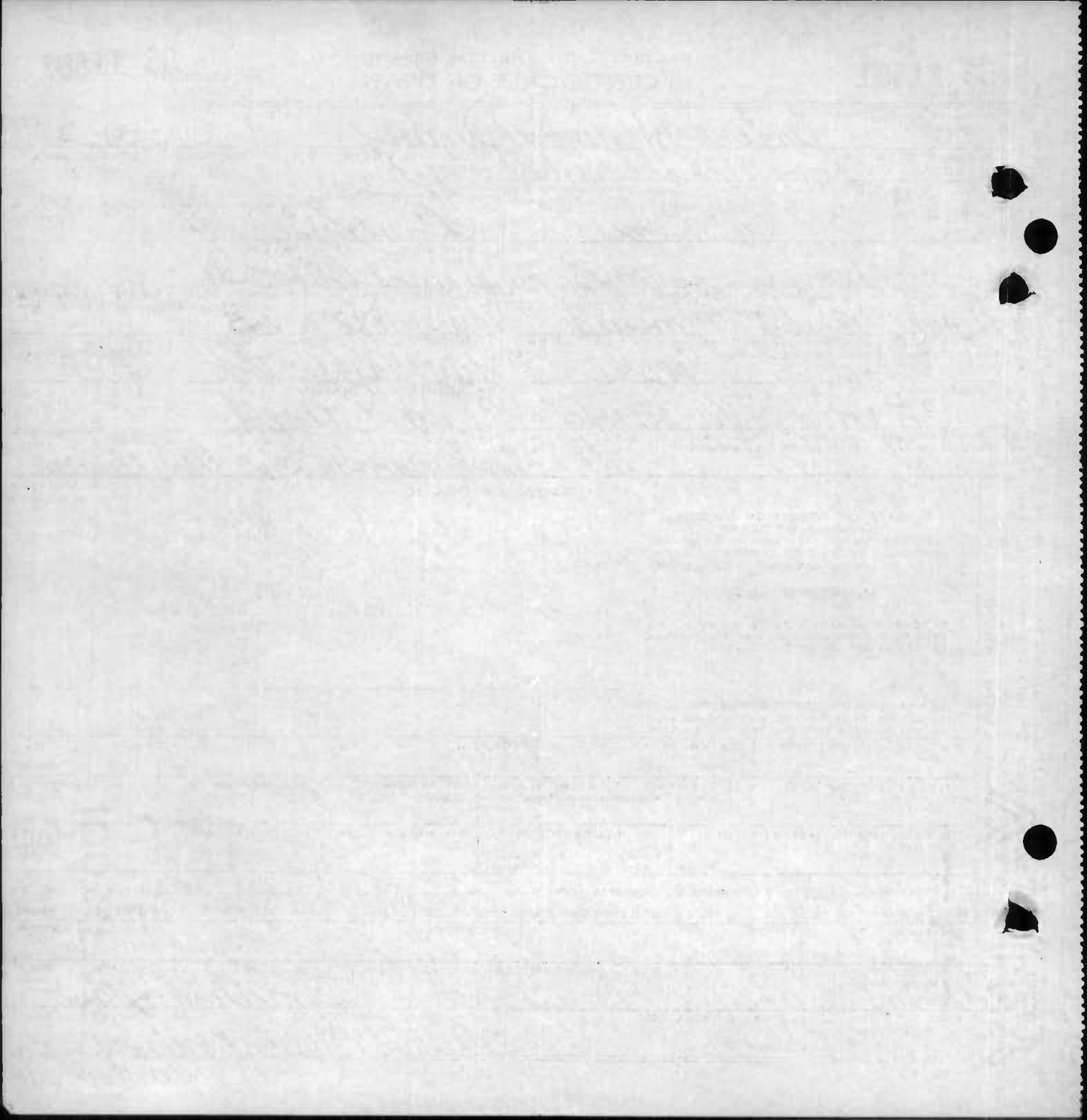
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 11592

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Bopp, Lola2. DATE  
OF  
DEATH12/30/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION36 Franklin Square Hosp.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md

c. Length of stay in Baltimore

LifeYrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2 S. Berenice Av.

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

9/30/18959. AGE (In years  
last birthday)58If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)House Wife10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md12. CITIZEN OF  
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Thomas German

14. MOTHER'S MAIDEN NAME

Mary Rock15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

George P Bopp 2 S. Berenice Ave

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

CONGESTIVE Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 12/30/53, 1953, to 12/30/53, 1953, that I last saw the  
deceased alive on 12/30/53, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. del Prado

M. D.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

12/30/5324A. BURIAL CREMA-  
TION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buried Jan 2 1954 Baltimore Cent Balto Md

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 31 1953Huntington WilliamsHarry H. Wether 4101 Chamonix Ave



OFFICE OF THE ATTORNEY GENERAL  
STATE OF TEXAS

1900

OFFICE OF THE ATTORNEY GENERAL

STATE OF TEXAS





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-520  
11593  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11593  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Concetta Vinci</i>		2. DATE OF DEATH <i>Dec. 29/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>332 Gwynn Ave</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Balto. 2007</i>	
c. Length of stay in Baltimore <i>40 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>332 Gwynn Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan. 3, 1871</i>
9. AGE (In years last birthday) <i>82</i>		10. Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE (State or foreign country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Barranco</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>None</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Salvatore Vinci</i>		ADDRESS <i>332 Gwynn Ave</i>	
18. <i>422.1 and E 904.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>arteriosclerotic cardiovascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 + yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>CERTIFICATION APPROVED BY</i> <i>William Updegraff</i> (C) <i>CHIEF OR ASST. MEDICAL EXAMINER:</i>		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Fracture of hip</i>	
19A. DATE OF OPERATION <i>12/9/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>fracture of hip</i>	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., at or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>332 Gwynn Ave</i>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>12/7/53</i>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Fell at home</i>	
22. I hereby certify that I attended the deceased from <i>12/26</i> , 19 <i>53</i> , to <i>12/29</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/29</i> , 19 <i>53</i> , and that death occurred at <i>4</i> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>John E. Pines</i>		23B. ADDRESS M. D. <i>3629 Edmondson</i>	
23C. DATE SIGNED <i>12/31/53</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>Jan. 2/54</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Harry H. White</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 31 1953</i>		ADDRESS <i>4101 Edmondson Ave</i>	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-650

53 11594

BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11594

1. NAME OF DECEASED (Type or Print) <b>Margaret Frances Schramm</b>			2. DATE OF DEATH <b>Dec. 30, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>4004 Ridgewood Ave.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>15-10</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>DO</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore,</b>		
D. STREET ADDRESS (If rural, give location) <b>4004 Ridgewood Ave.</b>			E. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore <b>life</b>		Yrs. Mos. Days	8. DATE OF BIRTH <b>March 11, 1874</b>		9. AGE (In years last birthday) <b>79</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>home duties</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>unknown</b>			14. MOTHER'S MAIDEN NAME <b>unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. J. Fred Roming 1104 N. Charles St.</b>		
18. <b>153 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Colon</b> DUE <b>with Metastases</b> ANTECEDENT CAUSES <b>Similarity</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Similarity</b>			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>Oct 1953</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Carcinoma of Colon</b>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 15<sup>th</sup>, 1953</b> to <b>Dec 30, 1953</b> , that I last saw the deceased alive on <b>Dec 30, 1953</b> , and that death occurred at <b>11A m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Chas. P. Byrnes</b>			23B. ADDRESS <b>3033 W. North Ave.</b>		23C. DATE SIGNED <b>12/31/53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>		24B. DATE <b>Jan. 1, 1954</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>John O. Mitchell &amp; Sons 1900 Eutaw Place</b>			

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 11595**

**53 11595**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Mrs. Frances Lawrence*

2. DATE  
OF  
DEATH

*12/29/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*Bon Secours Hospital*

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

*Baltimore*

*2025 W. Fayette St.*

D. STREET ADDRESS (If rural, give location)

*1454 Decatur St. #30.*

34  
c. Length of stay in Baltimore

*59*

Yrs.  
Mos.  
Days

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*9/17/94*

9. AGE (In years last birthday)

*59*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland - Baltimore*

12. CITIZEN OF WHAT COUNTRY?

*U.S.*

13. FATHER'S NAME

*Frank Schonowski*

14. MOTHER'S MAIDEN NAME

*Mathilda Zaleski*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mr. Lawrence 1454 Decatur St.*

18. *260X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary Embolus.*

DUE TO

*Approx. 3 WKS.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Thrombophlebitis, left leg*

DUE TO

(C) *Diabetes Mellitus + gen. arteriosclerosis*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/22*, 1953, to *12/29*, 1953, that I last saw the deceased alive on *12/29*, 1953, and that death occurred at *12:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Edward J. Byrnes*

M. D.

23B. ADDRESS

*Bon Secours*

23C. DATE SIGNED

*12/29/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

*Holy Cross Cem Brooklyn Md.*

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Charles F. Hill 1201 E. Fort ave.*

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

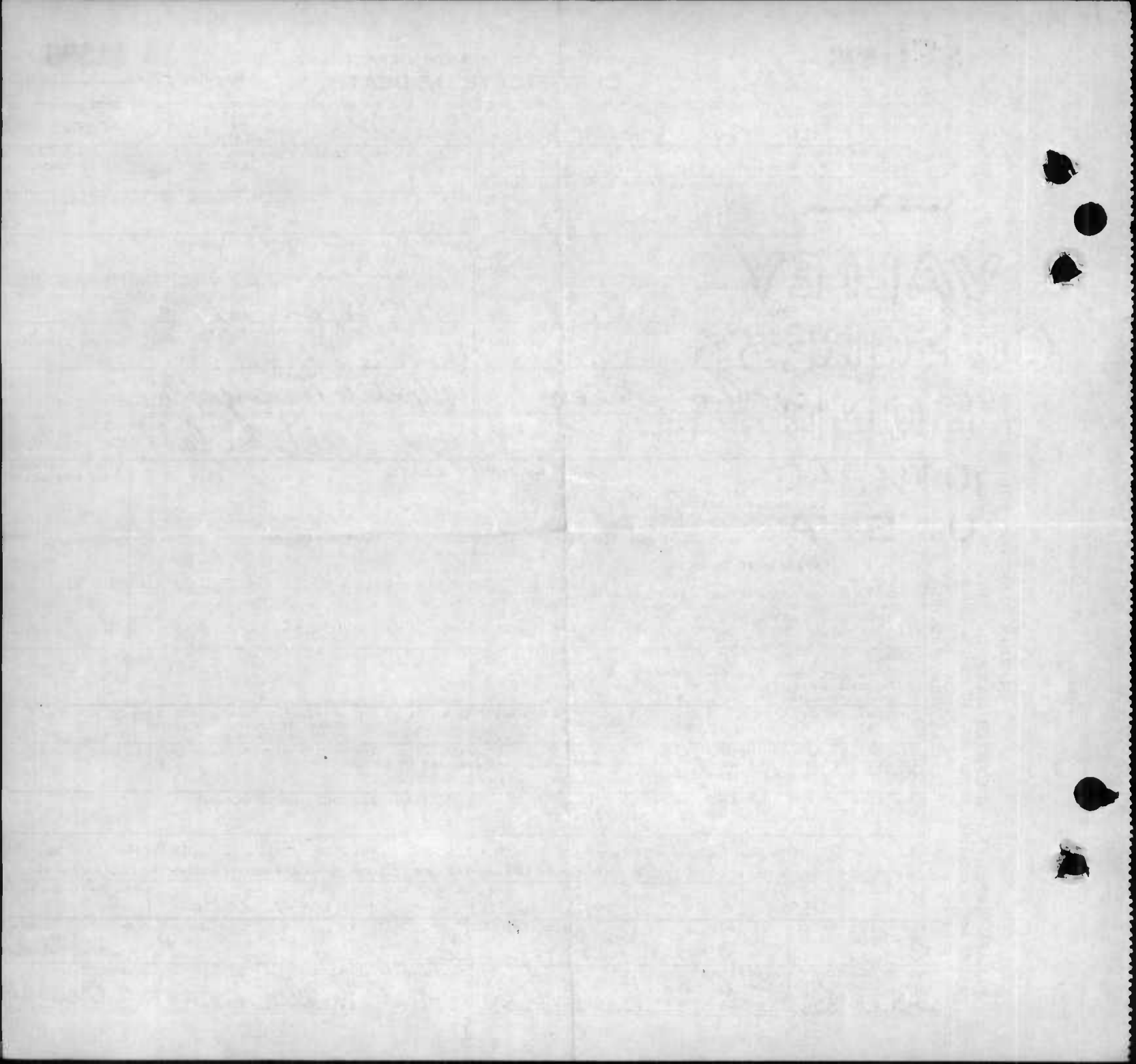




MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 460 53 11596		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11596 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <b>Albert Eller</b>				2. DATE OF DEATH <b>12.31.1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore City</b> B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>42 Sinai Hospital</b>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>N.C.</b> B. COUNTY <b>V-30</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Wilkes Co.</b> D. STREET ADDRESS (If rural, give location) <b>Hubert N.C.</b>	
c. Length of stay in Baltimore Yrs. <b>M.</b> Mos. <b>W.</b> Days <b>Married</b>				8. DATE OF BIRTH <b>3/17/1892</b>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday)		If Under 1 Year Months Days
<b>M.</b>	<b>W.</b>	<b>Married</b>	<b>61</b>		<b>61</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country)	
<b>Farmer</b>		<b>Self</b>		<b>Wilkes Co. N.C.</b>	
13. FATHER'S NAME <b>Arthur Eller</b>			14. MOTHER'S MAIDEN NAME <b>Mollie Baumgartner</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs Nell Eller Parlett above</b>
18. <b>260X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebro Vascular accident</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocardial damage - A.S.H.D.</b> <b>Diabetes mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12. 6.</b> , 19 <b>53</b> , to <b>12. 31.</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12. 31.</b> , 19 <b>53</b> , and that death occurred at <b>6:45</b> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Morris M. Goldberg</b>			23B. ADDRESS <b>Sinai Hospital Balto. Md.</b>		23C. DATE SIGNED <b>12.31.1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
<b>Burial</b>		<b>T-3-53</b>		<b>New Hope Cem.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 1 - 1954</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>John C. Miller Inc - 2431 E. Olive St.</b>	
VS 150 <b>10010</b>					



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 58 11597N-425  
53 11597  
BIRTH NO.

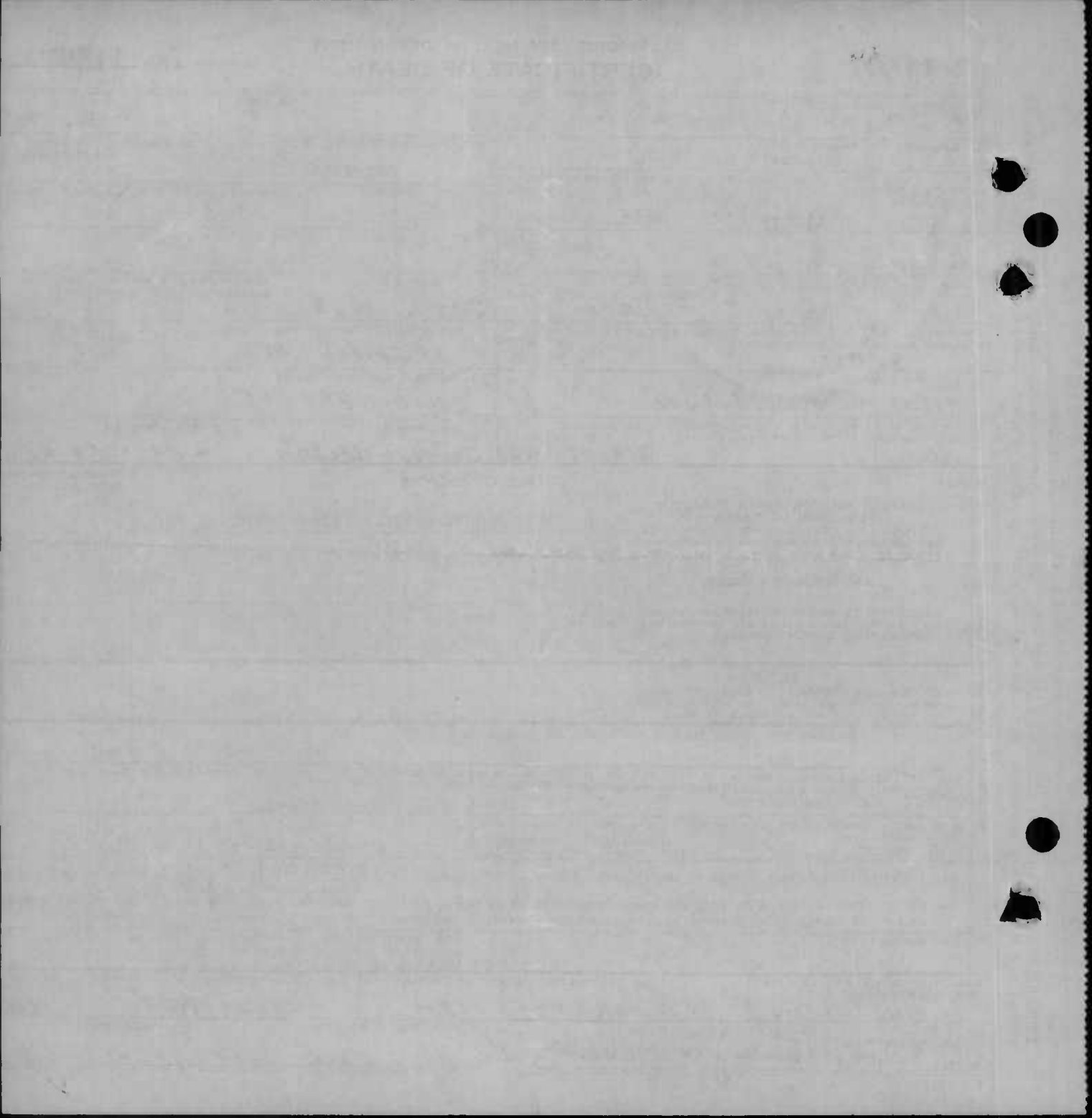
1. NAME OF DECEASED (Type or Print) <b>ROBERT LEE NELSON</b>			2. DATE OF DEATH <b>December 30, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>12 YRS</b>			D. STREET ADDRESS (If rural, give location) <b>6024 Harford Road</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JULY 2 1933</b>	9. AGE (in years last birthday) <b>20</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>CRISFIELD MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>JOHN M. NELSON</b>			14. MOTHER'S MAIDEN NAME <b>JULIA PRUITT</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>219-28-4923</b>	17. INFORMANT <b>JOHN M. NELSON 6024 HARFORD RD.</b>		
18. <b>E979X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Second and third degree burns of 80% of body</b>					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>8</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>City Jail</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>801 Buren Street</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>December 29, 1953</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Deceased put blanket around himself and set it on fire</b>	
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Smith</i>			23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED <b>Dec. 31, 1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>JAN 2 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>PARKWOOD CEM.</b>		24D. LOCATION (City, town, or county) (State) <b>TAYLOR AVE MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 1 - 1954</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <b>Duffel Bldg 7110 BELAIR RD.</b>		

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53 11598

6-21-54  
**CERTIFICATE CORRECTED**  
BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

53 11598  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>MICHAEL CHARLES ELKO</b>			2. DATE OF DEATH <b>12/30/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			D. STREET ADDRESS (If rural, give location) <b>418 E. North Ave.</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>Dec. 25, 1903</b>			9. AGE (In years last birthday) <b>50</b> 53		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chiropractor</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Own</b>			11. BIRTHPLACE (State or foreign country) <b>Conn.</b>		
13. FATHER'S NAME <b>Michael Marshall Elko Sr.</b>			14. MOTHER'S MAIDEN NAME <b>Kath. Yurles</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Francis Elko</b>		

18. <b>E863 X 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Drowning</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Fractures of left arm, right leg</b> DUE TO		
<b>(C) Laceration of scalp</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>river</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Back River - Essex, Md. 5354</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>Dec. 30, 1953 11:00 A. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Trapped in cabin of plane that crashed in water</b>	
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Dec. 30, 1953</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>Jan 1-54</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Ansonia Conn.</b>		24D. LOCATION (City, town, or county) (State) <b>Connecticut</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 1-1954</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>John J. Connolly</b>		ADDRESS <b>- 418 Eastern Ave.</b>	
VS 151		N-990X		00885			

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1904

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1903

ALBANY:

ANDREW D. LEECH, PRINTERS

1904



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-155

53 11599

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11599

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rose Lipman

2. DATE  
OF  
DEATH

12-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital of Balt. Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3119 Mondawmin St

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

7-15-04

9. AGE (In years last birthday)

49

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Sinai Hosp

ADDRESS

18.

175X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Primary Ovarian Carcinoma

DUE TO

(C) Exfoliative Dermatitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1953, to 12-30, 1953, that I last saw the deceased alive on 12-30, 1953 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Morris M. Goldberg

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

12-31-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 1, 1954

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom

24D. LOCATION (City, town, or county)

Balt

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

JAN 1 - 1954

REGISTRAR'S SIGNATURE

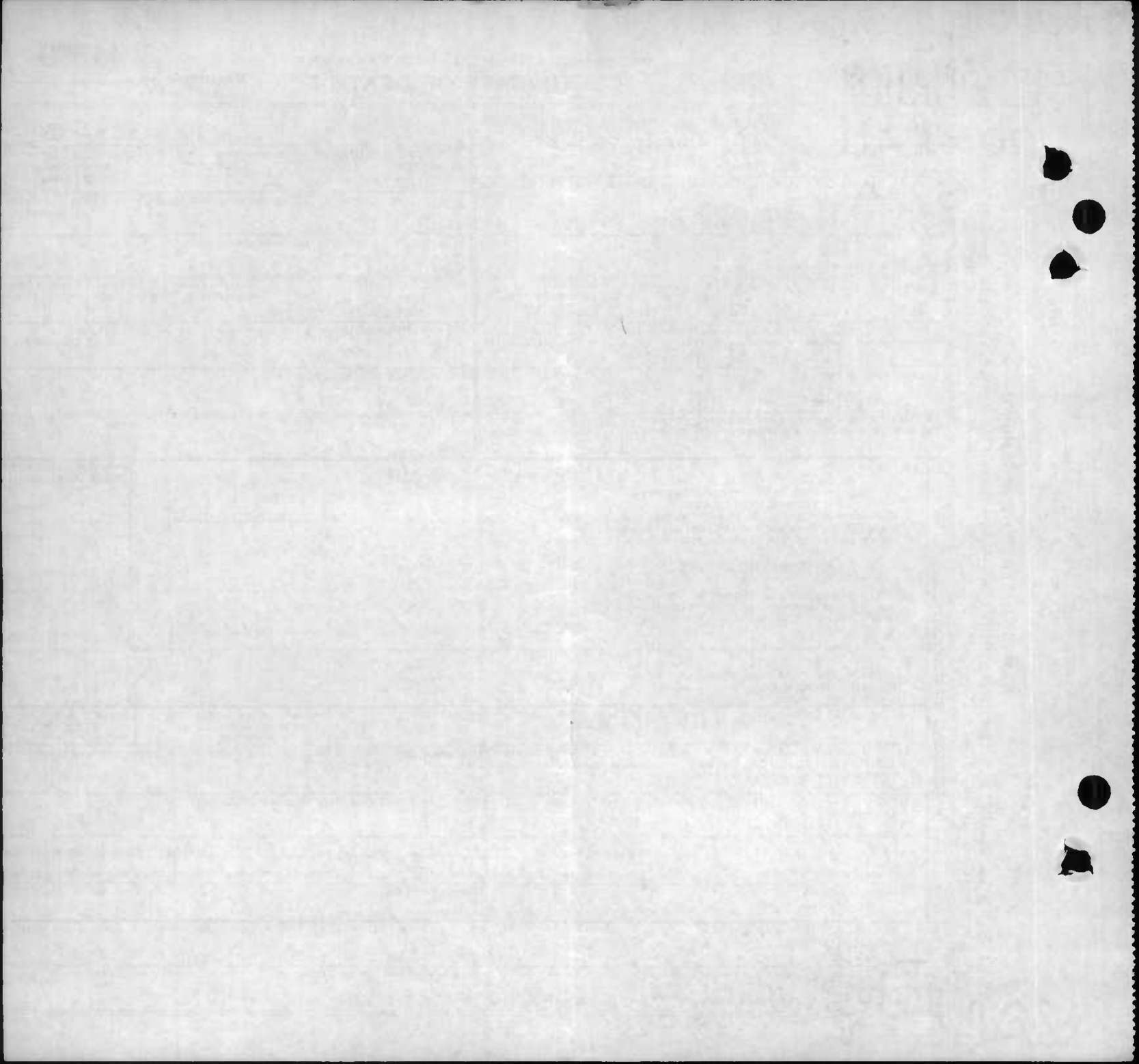
Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis - 2100 Eutan Pl.

ADDRESS

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-635  
53 11600

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11600

BIRTH NO. 53 11600

1. NAME OF DECEASED (Type or Print) **ANNA PORTNEY**

2. DATE OF DEATH **12-31-53**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland **4613 Park Hgts**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md**  
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
**60 Mt Sinai House**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore 15-05**

7. STREET ADDRESS (If rural, give location)  
**3319 Guilford Ave**

8. Length of stay in Baltimore **49** Yrs. Mos. Days

9. SEX **Female**

10. COLOR OR RACE **White**

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

12. AGE (In years last birthday) **84**

13. Under 1 Year Months: Days

14. Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

16. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country) **Russia**

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME **Milton**

20. MOTHER'S MAIDEN NAME **Hannah**

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

22. SOCIAL SECURITY NO.

23. INFORMANT **Mrs Edward Greenstein-Jones**

24. ADDRESS

18. **470.1.1** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary occlusion** DUE TO

ANTECEDENT CAUSES

(B) **Hypertensive Cardiac Vascular** DUE TO

(C) **Disease c Arteriosclerosis**

INTERVAL BETWEEN ONSET AND DEATH **1 day**

10 yrs

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Tues Dec 29, 1953**, to **Dec 31, 1953**, that I last saw the deceased alive on **Dec 31, 1953**, and that death occurred at **11:54 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **M. E. Lamm** M. O.

23B. ADDRESS **4843 Park Heights Ave**

23C. DATE SIGNED **12/31/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Secial**

24B. DATE **1-1-54**

24C. NAME OF CEMETERY OR CREMATORY **Herring Run**

24D. LOCATION (City, town, or county) (State) **Balto Md**

25. DATE RECEIVED BY LOCAL REGISTRAR **JAN 1 - 1954**

26. REGISTRAR'S SIGNATURE **Huntington Williams**

27. FUNERAL DIRECTOR **Jack Lewis**

28. ADDRESS **Box 2100 Cntaw Pb**

VS 150

4843

Parkhurst

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U-620  
53 11601BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11601

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DORA URWICK

2. DATE  
OF  
DEATH

DEC. 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

707 LAKE DRIVE

C. Length of stay in Baltimore

60

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

78

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

JEUNETTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

BESSIE URWICK- 707 LAKE DRIVE

18.

331X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) Cerebral Hemorrhage

1 day

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertension

2 years

DUE TO

(C) Arteriosclerosis

7 4

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30, 1946, to 12/31, 1953, that I last saw the  
deceased alive on 12/31, 1953, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. J. J.

23B. ADDRESS

M. D.

2320 E. 1st St. N.

23C. DATE SIGNED

12/31/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1-3-1954

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Cemetery

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 1 - 1954

Huntington Williams, 2100 E. 1st St. N.



Dr. Zinberg



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-132  
53 11602

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11602  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LENA LUBITZ

2. DATE  
OF  
DEATH

12/31/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Shinar Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-13

D. STREET ADDRESS (If rural, give location)

2808 Waldorf Ave

C. Length of stay in Baltimore

42

45 Yrs. Mos. Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

62

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Litvia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry Scherr

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Philip Lubitz - Fannie

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B)

Hypertensive Cardiovascular Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1953, to 12/31, 1953, that I last saw the deceased alive on 12/30, 1953, and that death occurred at 7:45 m., from the causes and on the date stated above.

23A. SIGNATURE

William Norman M. D.

23B. ADDRESS

Shinar Hospital

23C. DATE SIGNED

12/31/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-1-54

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 1 - 1954

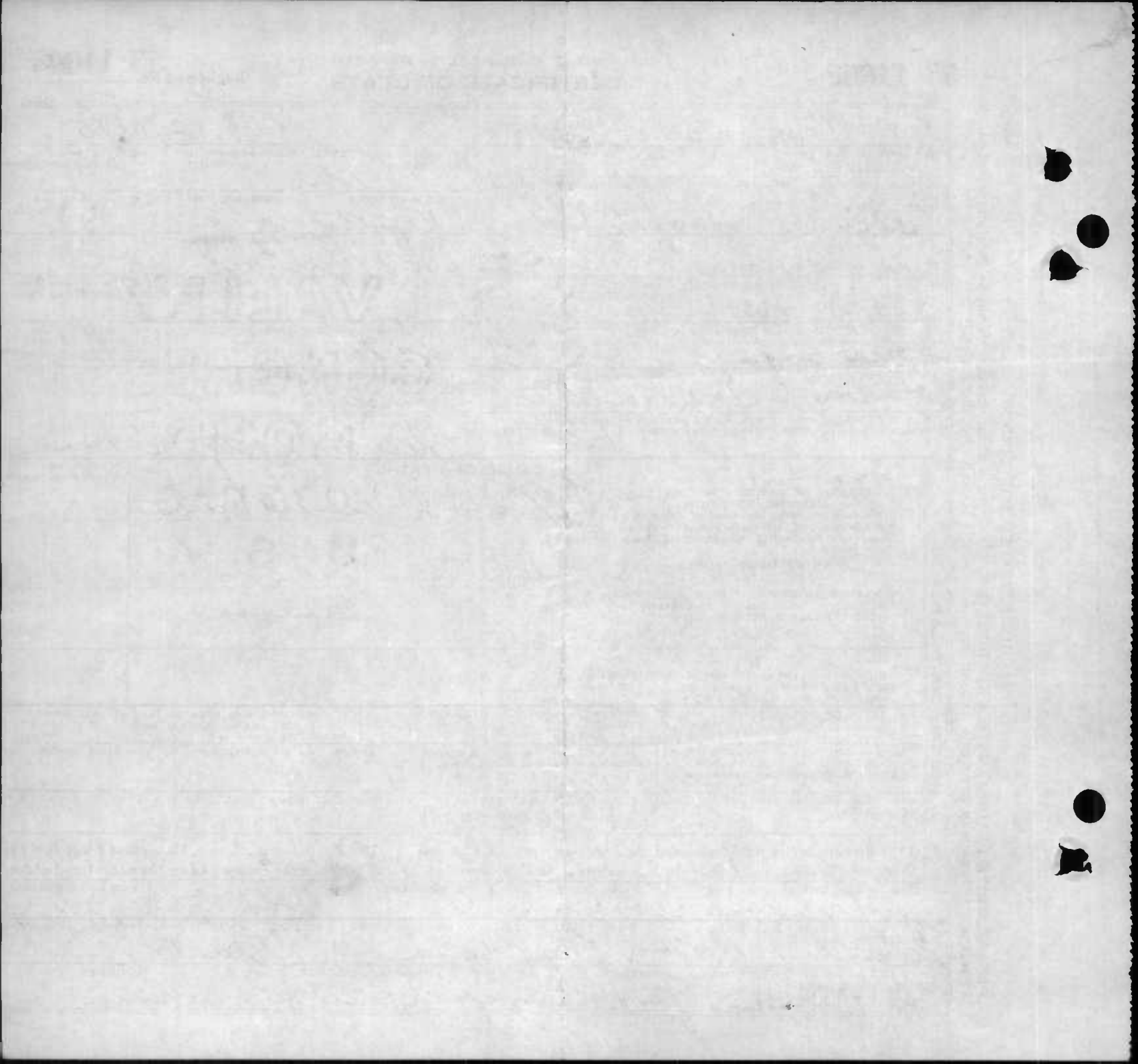
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis Jr 2100 Canton Rd

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**B-300**

**53 11603**

**BALTIMORE CITY HEALTH DEPARTMENT**

**CERTIFICATE OF DEATH**

**Registered No. 53 11603**

**BIRTH NO.**

**1. NAME OF DECEASED**  
(Type or Print) *Henrietta F. Bothe*

**2. DATE OF DEATH**  
*THUR. 12/31/53*

**3. PLACE OF DEATH:**  
a. Baltimore City, Maryland

**4. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE *Maryland*  
b. COUNTY *Baltimore*

**5. FULL NAME OF HOSPITAL OR INSTITUTION**  
*South Baltimore General Hosp.*

**6. CITY OR TOWN** (If outside corporate limits, write R.U.R. and give township)  
*Baltimore*

**7. STREET ADDRESS** (If rural, give location)  
*1429 Olive St.*

**8. Length of stay in Baltimore** *About 60* Yrs. Mos. Days

**9. SEX** *F*

**10. COLOR OR RACE** *W*

**11. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) *M*

**12. DATE OF BIRTH**  
*8/10/1870*

**13. AGE** (In years, last birthday) *83*

**14. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
*Housewife*

**15. KIND OF BUSINESS OR INDUSTRY**  
*at home*

**16. BIRTHPLACE** (State or foreign country)  
*Maryland (BALTO. CO.)*

**17. CITIZEN OF WHAT COUNTRY?**  
*U.S.A.*

**18. FATHER'S NAME**  
*Adam Brandau*

**19. MOTHER'S MAIDEN NAME**  
*P. P.*

**20. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unknown) (If yes, give war or dates of service)

**21. SOCIAL SECURITY NO.**

**22. INFORMANT**  
*Mrs. Beland Smith, Daughter - Same*

**23. ADDRESS**

**24. CAUSE OF DEATH**

**25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH**  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Generalized arteriosclerosis*

**26. ANTECEDENT CAUSES**  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
*Myocardial disease*

**27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**  
*Palmonary edema*

**28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**  
*Benign intracranial hypertension, intervertebral disc protrusion, left*

**29. DATE OF OPERATION**

**30. CONDITION FOR WHICH OPERATION WAS PERFORMED**

**31. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II**

**32. AUTOPSY?** YES ☒ NO ☐

**33. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH** (NOTIFY MEDICAL EXAMINER)

**34. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)  
*At-Home*

**35. WHERE DID INJURY OCCUR?**  
*1429 OLIVE ST.*

**36. TIME (Month) (Day) (Year) (Hour) OF INJURY**  
*12 12 53 1/30 A.M.*

**37. INJURY OCCURRED**  
WHILE AT WORK ☐ NOT WHILE AT WORK ☒

**38. HOW DID INJURY OCCUR?**  
*PATIENT FELL ON FLOOR AT HOME*

**39. I hereby certify that I attended the deceased from** *12/12*, 19*53*, to *12/31*, 19*53*, that I last saw the deceased alive on *12/31*, 19*53*, and that death occurred at *4:50 P.M.*, from the causes and on the date stated above.

**40. SIGNATURE**  
*Donald B. Jones*

**41. ADDRESS**  
*1213 Light St.*

**42. DATE SIGNED**  
*12/31/53*

**43. BURIAL, CREMATION, REMOVAL (Specify)**  
*Burial*

**44. DATE**  
*Jan 4, 1954*

**45. NAME OF CEMETERY OR CREMATOR**  
*Glen Haven Cem.*

**46. LOCATION (City, town, or county) (State)**  
*Glen Burnie Md*

**47. DATE RECEIVED BY LOCAL REGISTRAR**  
*JAN 1 - 1954*

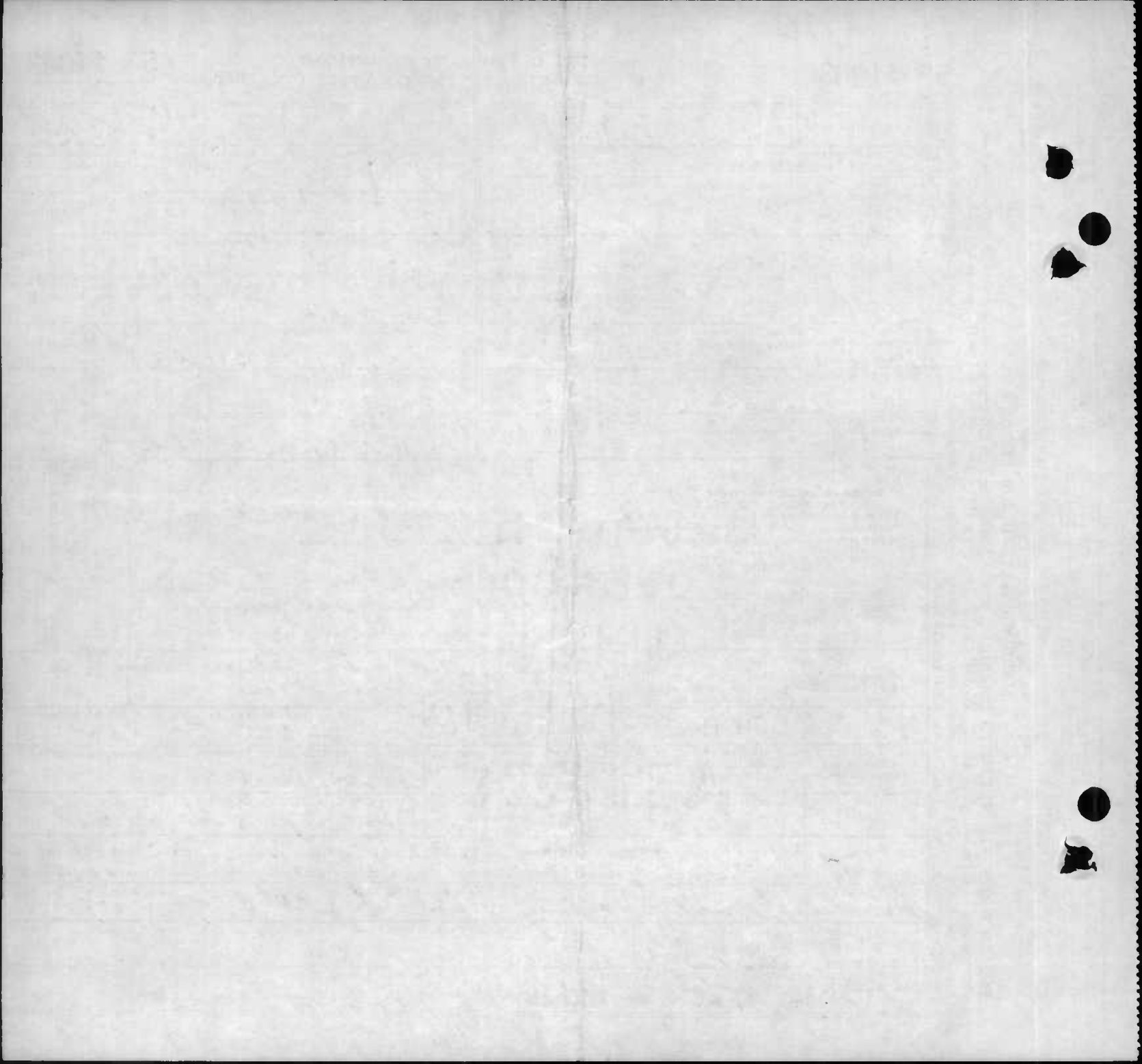
**48. REGISTRAR'S SIGNATURE**  
*Huntington Williams*

**49. FUNERAL DIRECTOR**  
*Howard Evans*

**50. ADDRESS**  
*1400 S Charles St BALTO 30 MD*

**VS 150**

**N-821.0**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-655  
53 11604BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11604

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARMON, A. Loretta

2. DATE  
OF  
DEATH

12-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

113 Park Drive

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/8/1898

9. AGE (In years  
last birthday)

55

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEKEEPER

10B. KIND OF BUSINESS OR  
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

WM. J. BURCH

14. MOTHER'S MAIDEN NAME

SOSIE COOMBS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

John B. Harmon Jr. 113 Park Drive

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1953 to Dec 30, 1953 that I last saw the  
deceased alive on Dec 30, 1953, and that death occurred at 6:45 m., from the causes and on the date stated above.

23A. SIGNATURE

John D. Dumble

M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

Dec 30, 53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 2, 1954

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Balls.

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

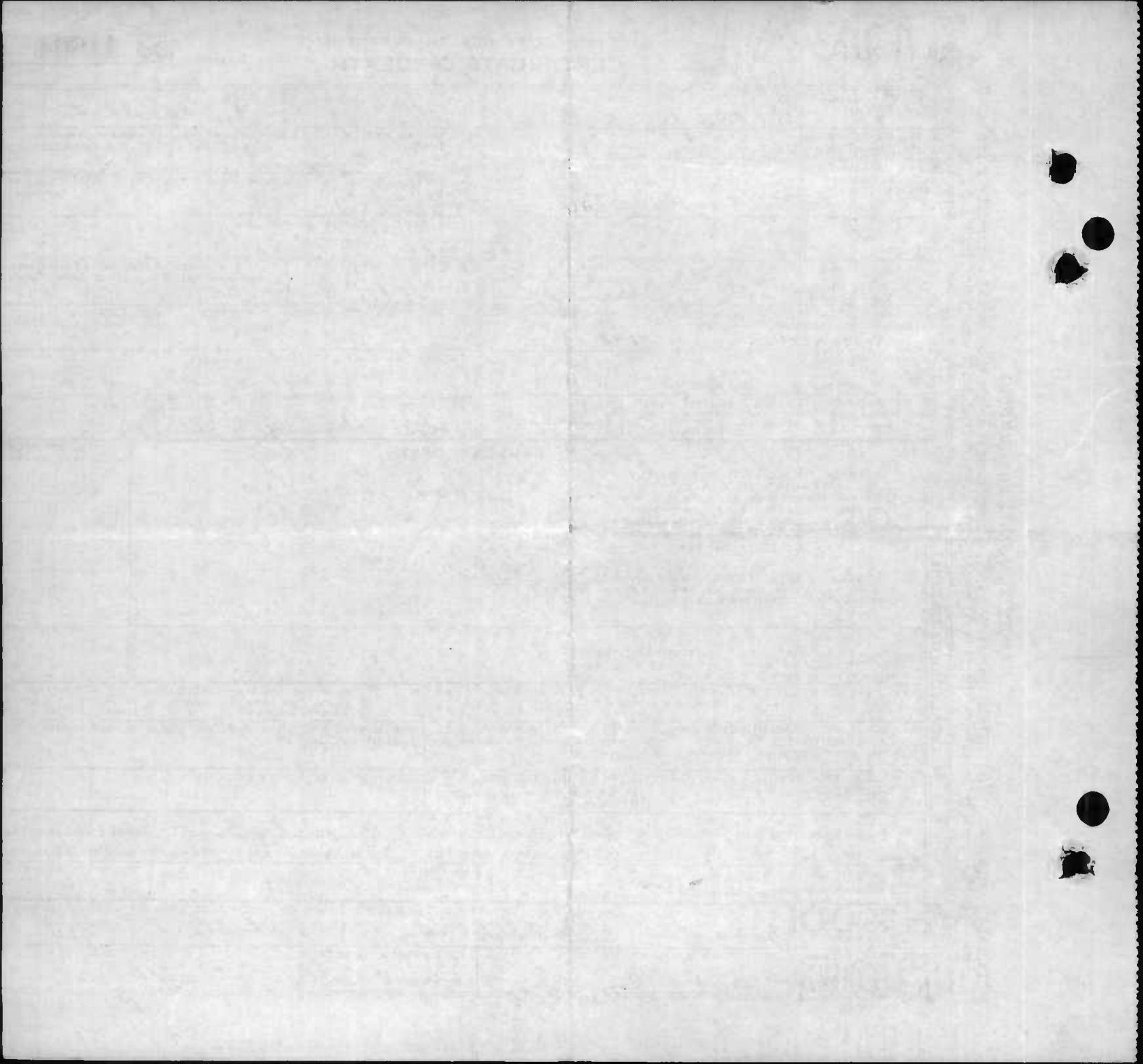
JAN 2 - 1954

Huntington Williams, Jr.

George A. Fuley, Catonsville, Md.

VS 150







## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 11605W-325  
53 11605 53-23354

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
BELINDA ANN WATKINS		Dec. 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION University		A. STATE Maryland	
C. Length of stay in Baltimore		B. COUNTY Baltimore	
5. SEX 7		6. COLOR OR RACE C	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH Sept 24, 1953	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 3	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) and	
13. FATHER'S NAME Arvon Watkins		12. CITIZEN OF WHAT COUNTRY? U. S. A. ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Ruth Menger ✓	
16. SOCIAL SECURITY NO.		17. INFORMANT Arvon Watkins	
18. 49 x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERSTITIAL PNEUMONIA DUE TO Upper respiratory infection		19. CAUSE OF DEATH (A) Interstitial pneumonia DUE TO Upper respiratory infection	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Dec. 30, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-2-54	
24C. NAME OF CEMETERY OR CREMATORY Mt Auburn		24D. LOCATION (City, town, or county) (State) Md	
DATE RECEIVED BY LOCAL REGISTRAR JAN 2-1954		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR George S. Nelson		ADDRESS 1363 Forestman St	

11/11/51

THE CENTRAL BANK OF ENGLAND

11/11/51



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-620  
53-11606

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11606

1. NAME OF DECEASED (Type or Print) <b>John Everett Groce</b>		2. DATE OF DEATH <b>Dec. 31, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>BALTO.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>DUNDALK (22)</b>	
c. Length of stay in <b>Baltimore DUNDALK-34 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>6821 Dunhill Road - 22</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>19 MARCH 1884</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RECORDER (RETIRED)</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>STEEL MFRG.</b>	
13. FATHER'S NAME <b>GEO. W. GROCE</b>		14. MOTHER'S MAIDEN NAME <b>ELIZABETH SWEIGERT</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>213-07-0632</b>	
17. INFORMANT <b>IDA M. GROCE -</b>		ADDRESS <b>SAME - WIDOW</b>	
18. <b>541.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardiac failure</b> DUE TO <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Pneumonia</b> <b>Perforated Ulcer</b>			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>Dec. 16 th 1953</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Perforated Duodenal Ulcer</b>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec. 16 th 1953</b> to <b>Dec. 31 st 1953</b> that I last saw the deceased alive on <b>Dec. 31 st 1953</b> and that death occurred at <b>2:30 m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Dr. C. L. C.</b>		23B. ADDRESS <b>M. D. 1100 N. Caroline Street 17</b>	
23C. DATE SIGNED <b>Dec. 31 1953</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1-2-54</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>DAK HAWN</b>		24D. LOCATION (City, town, or county) <b>BALTO. CO. MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 2 - 1954</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>W. H. White, Dundalk, Md.</b>		ADDRESS <b>Dundalk, Md.</b>	

BODY TAKEN BY

NAME

ADDRESS

DATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53-32331 Newborn		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11607	
1. NAME OF DECEASED (Type or Print) <b>Baby Sweeney</b>			2. DATE OF DEATH <b>12/31/53</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Mercy Hosp Inc</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Baltimore</b>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>MERCY HOSP. INC.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>25 hours</b>			d. STREET ADDRESS (If rural, give location) <b>643 S. Oldham St.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>12/30/53</b>	9. AGE (In years last birthday) <b>25 hours</b>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BALTI. MD.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Gilbert Joseph Sweeney</b>			14. MOTHER'S MAIDEN NAME <b>Agnes Walker</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Gilbert Sweeney 643 S. Oldham St.</b>		
18. <b>560.41</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Post-operative shock</b> <b>Repair of diaphragmatic hernia</b>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <b>12/31/53</b>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Diaphragmatic hernia</b>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12/30/53</b> to <b>12/31/53</b> , that I last saw the deceased alive on <b>12/30/53</b> and that death occurred at <b>6:50 PM</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>George Henry Beck</b>		23b. ADDRESS <b>Mercy Hosp. Inc.</b>		23c. DATE SIGNED <b>12/31/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 2, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	
24d. LOCATION (City, town, or county) <b>Old Frederick Rd Balto. Md</b>		24e. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		24f. FUNERAL DIRECTOR ADDRESS <b>KRAUSE FUNERAL HOME 1216 S. Charles St</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 2 - 1954</b>		VS 150			





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

58-11608  
H-620

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 58-11608

1. NAME OF DECEASED (Type or Print) <b>Frank Harris</b>			2. DATE OF DEATH <b>Dec. 28, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>25-06</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1706 Brady Ave</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore-Fairfield</b>		
D. STREET ADDRESS (If rural, give location) <b>1706 Brady Ave</b>			E. STREET ADDRESS (If rural, give location) <b>1706 Brady Ave</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>5/30/1883</b>	9. AGE (In years last birthday) <b>70</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Longshoreman</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Water Front</b>		
11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Kingston Harris</b>			14. MOTHER'S MAIDEN NAME <b>Sarah Crompton</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Sarah Crompton</b>			ADDRESS <b>-1706 Brady Ave</b>		
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>1/2/54</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. B. Fisher</b> M.D.			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Dec. 28, 1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>1/2/54</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 2 - 1954</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>J. L. Brown &amp; Son</b> ADDRESS <b>94055 108 W. Montgomery Street</b>		

MC-5-7843

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J 525

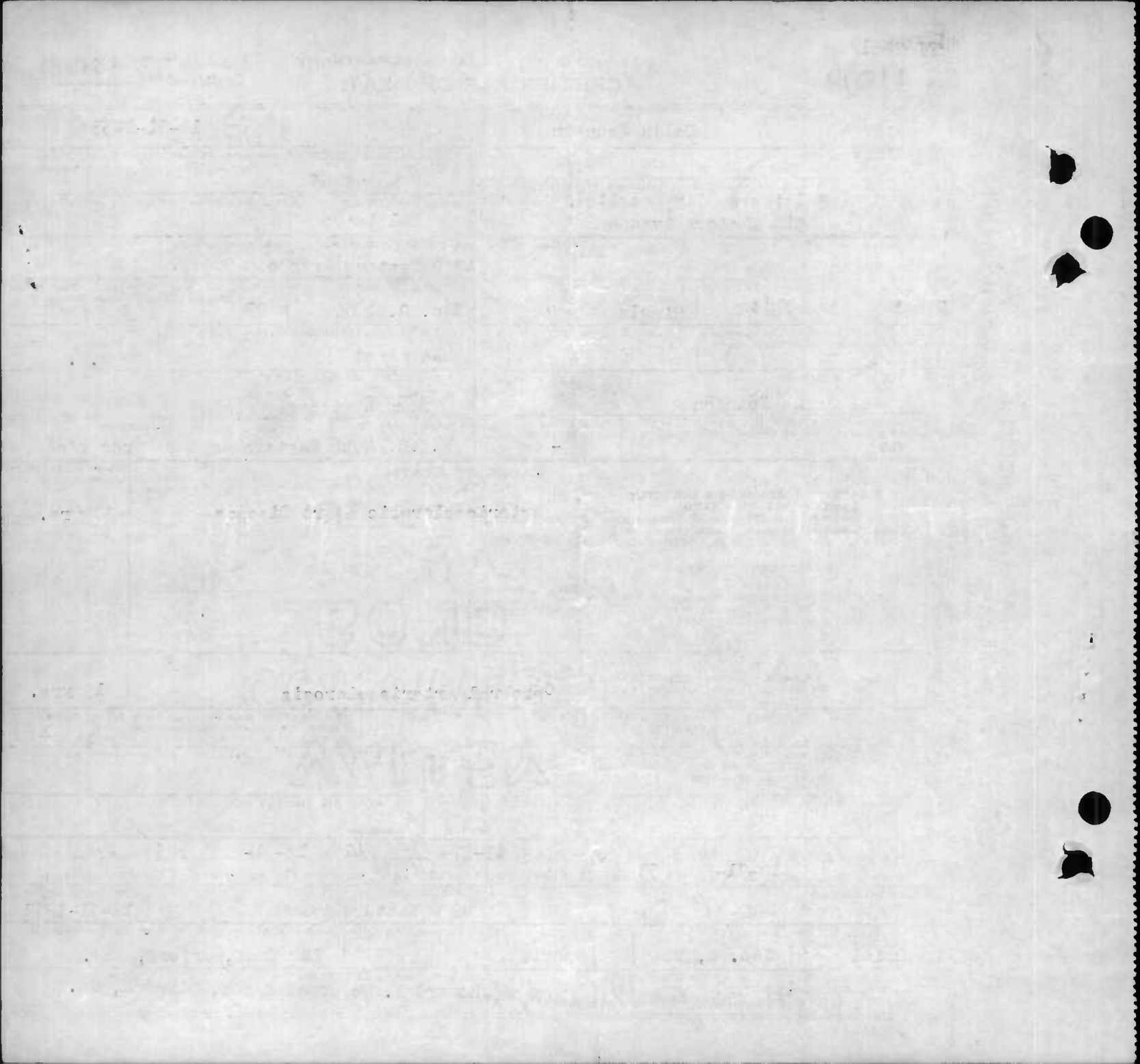
BIRTH NO.

53 11609

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11609

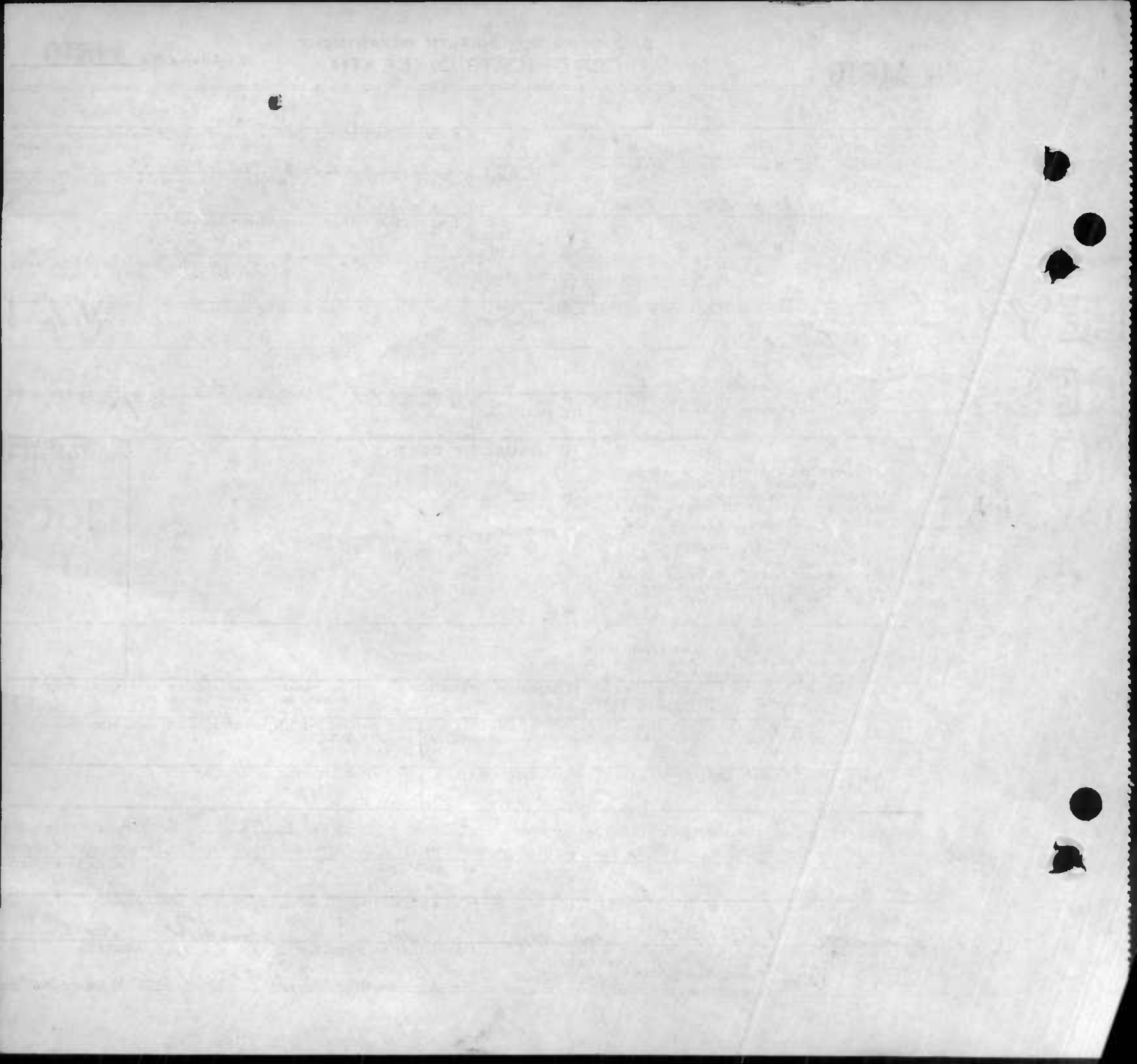
1. NAME OF DECEASED (Type or Print)			Della Johnson			2. DATE OF DEATH 12-31-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN Baltimore			D. STREET ADDRESS (If rural, give location) 4940 Eastern Avenue B.C.H.		
c. Length of stay in Baltimore Life			Yrs. Mos. Days					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 9, 1860		9. AGE (In years last birthday) 93	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector			10B. KIND OF BUSINESS OR INDUSTRY Sewing Factory			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Johnson			14. MOTHER'S MAIDEN NAME Hannah Michael			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		
16. SOCIAL SECURITY NO. -			17. INFORMANT B.C.H. 4940 Eastern Avenue (records)			ADDRESS		
18. 470.0			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Arteriosclerotic Heart Disease			20 yrs.		
ANTECEDENT CAUSES			(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Cerebral Arteriosclerosis			15 yrs.		
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 12-17-1941, to 12-31-1953 that I last saw the deceased alive on 12-31-1953, and that death occurred at 4:20 A. M., from the causes and on the date stated above.								
23A. SIGNATURE H. Z. Johnson			23B. ADDRESS 4940 Eastern Avenue			23C. DATE SIGNED 12-31-1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Jan. 4, 1954		24C. NAME OF CEMETERY OR CREMATORY Spesutia		24D. LOCATION (City, town, or county) (State) Perryman, Harford, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JAN 2-1954		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Howard K. Mc Comas & Son		ADDRESS Abingdon, Md.		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-455		Clements		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 11610	
BIRTH NO. 11610		1. NAME OF DECEASED (Type or Print) <i>Oliver Clements</i>		2. DATE OF DEATH <i>12-31-53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Provident Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Glenn Burnie, Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE Anne A</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>Box 3762 Glenn Burnie Md.</i>					
C. Length of stay in Baltimore Yrs. Mos. Days		5. SEX <i>M</i> 6. COLOR OR RACE <i>C</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>1</i>		8. DATE OF BIRTH <i>5-7</i>		9. AGE (In years last birthday) <i>57</i> 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ore taker</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Washington D. C.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Charles Clements</i>		14. MOTHER'S MAIDEN NAME <i>BERTHA Freeman</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			
18. <i>153X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Intestinal obstruction</i> DUE TO (B) <i>carcinoma of sigmoid</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>12-31-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Intestinal obstruction</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12-28</i> , 19 <i>53</i> , to <i>12-31</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-31</i> , 19 <i>53</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>Dr. Wilson / Dr. CRUZ</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>1-1-54</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/2/54</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i>		24D. LOCATION (City, town, or county) (State) <i>Washington D.C.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 2-1954</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>William A. Jackson</i>		916 ADDRESS <i>Pennsylvania ave</i>	
VS 150						970 99	

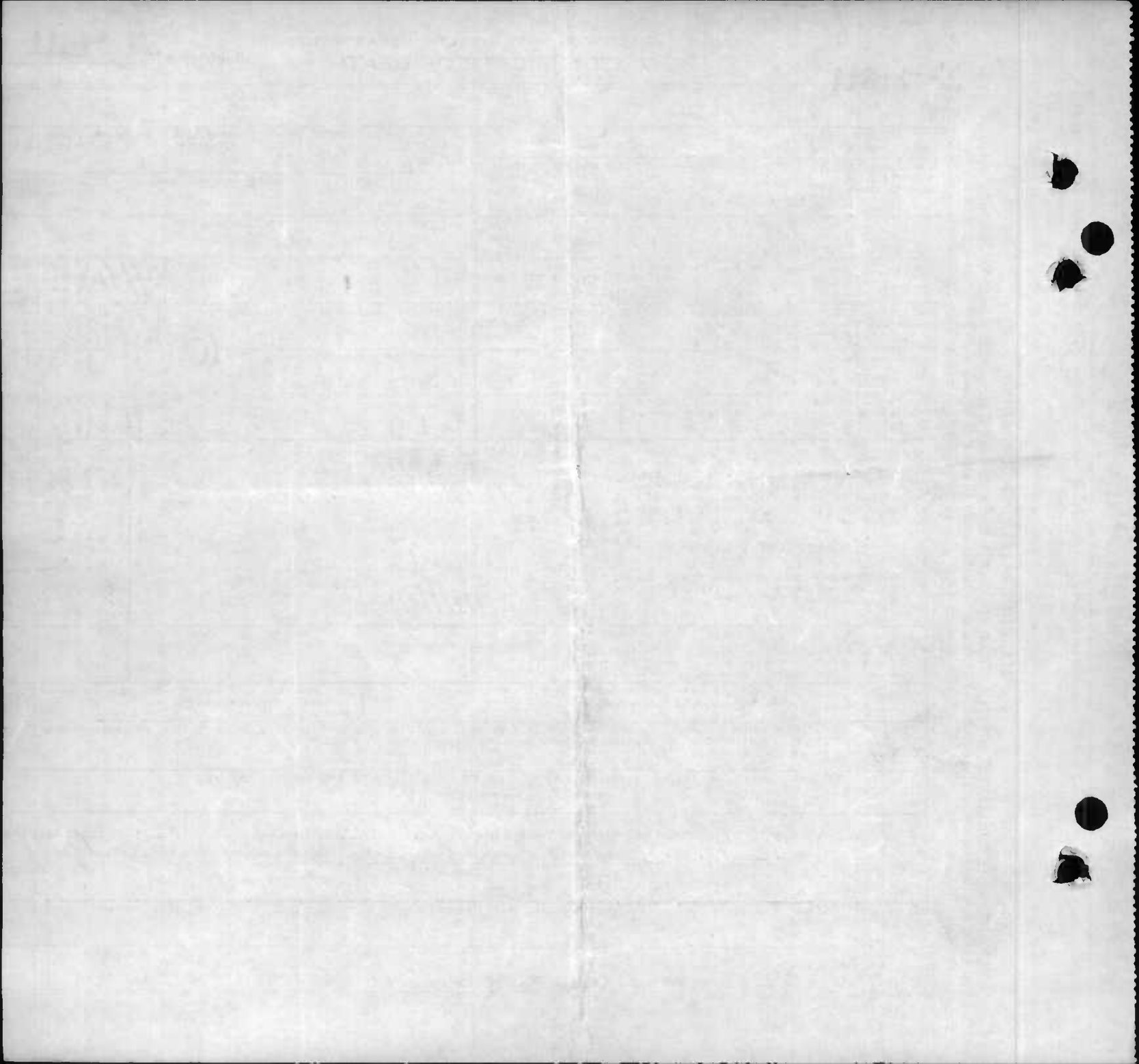




MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-420		CERTIFICATE CORRECTED BY PHONE, DR. TULL FROM POST 1/11/54		BALTIMORE CITY HEALTH DEPARTMENT		X		Registered No. 11611	
BIRTH 11611		1. NAME OF DECEASED (Type or Print) EDNA WELSH		2. DATE OF DEATH 12-31-53					
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND		b. COUNTY 33-88					
b. FULL NAME OF HOSPITAL OR INSTITUTION 37 Mercy Hospital		c. CITY OR TOWN BALTIMORE 14		d. STREET ADDRESS (If rural, give location) 2503 WYCLIFFE RD.					
c. Length of stay in Baltimore 60		5. SEX F		6. COLOR OR RACE WH		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12-31-1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 60		If Under 1 Year Months: Days: Hours: Min.		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME DAVID MITCHELL		14. MOTHER'S MAIDEN NAME MARIE ARNOLD		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Earl Stedman - 1211 Huntington Dr		ADDRESS			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 364X POLYNEURITIS		(A) DUE TO TOXEMIA		(B) DUE TO SEPTICEMIA		(C) DUE TO TYPHOID FEVER		INTERVAL BETWEEN ONSET AND DEATH 17 HRS 12 HRS 8 HRS	
19. DATE OF OPERATION NO		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Nov 27, 1953, to 1231, 1953, that I last saw the deceased alive on 1231, 1953, and that death occurred at 1230 A.M., from the causes and on the date stated above.		23a. SIGNATURE Donald J. H...		23b. ADDRESS Mercy Hospital		23c. DATE SIGNED 12-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 2, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt Olivet		24d. LOCATION (City, town, or county) Baltimore		(State) Md	
DATE RECEIVED BY LOCAL REGISTRAR JAN 2 - 1954		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm Cook Inc - 1217 St Paul St		ADDRESS			
VS 150									



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-155  
53 11612

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11612

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Veronica G. Hoffman</i>			2. DATE OF DEATH <i>12/31/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>1</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hospital</i> <i>2025 W. Fayette St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>53-52</i>					
C. Length of stay in Baltimore <i>34</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>308 Stratford Rd. #28</i>					
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SEPARATE</i>		8. DATE OF BIRTH <i>9/15/96</i>		9. AGE (In years last birthday) <i>57</i>		If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>waitress</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>TAVERN</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore - Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Henry Aherns</i>			14. MOTHER'S MAIDEN NAME <i>ANNA AHRENS FISCHER</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>			16. SOCIAL SECURITY NO. <i>14-70-5085</i>		17. INFORMANT <i>Capt John B. FENEALY</i>			ADDRESS <i>308 Stratford Rd</i>
18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Myocardial Infarction (Postero-lateral)</i> DUE TO (B) <i>Diabetes Mellitus</i> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH <i>Approx 4 days</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>12/27/53</i> , 1953, to <i>12/31/53</i> , 1953, that I last saw the deceased alive on <i>12/31</i> , 1953, and that death occurred at <i>3:15</i> a. m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Edward J. Burns Jr.</i>			23B. ADDRESS <i>Bon Secours Hosp 2025 W Fayette St</i>			23C. DATE SIGNED <i>12/31/53</i>		
24A. BURIAL, -CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>JAN 4, 1954</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO MD</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 2-1954</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		FUNERAL DIRECTOR <i>W. H. Walters</i>		ADDRESS <i>7846 N Pratt &amp; Tucker St</i>		

STATE 34

CERTIFICATE OF DEATH

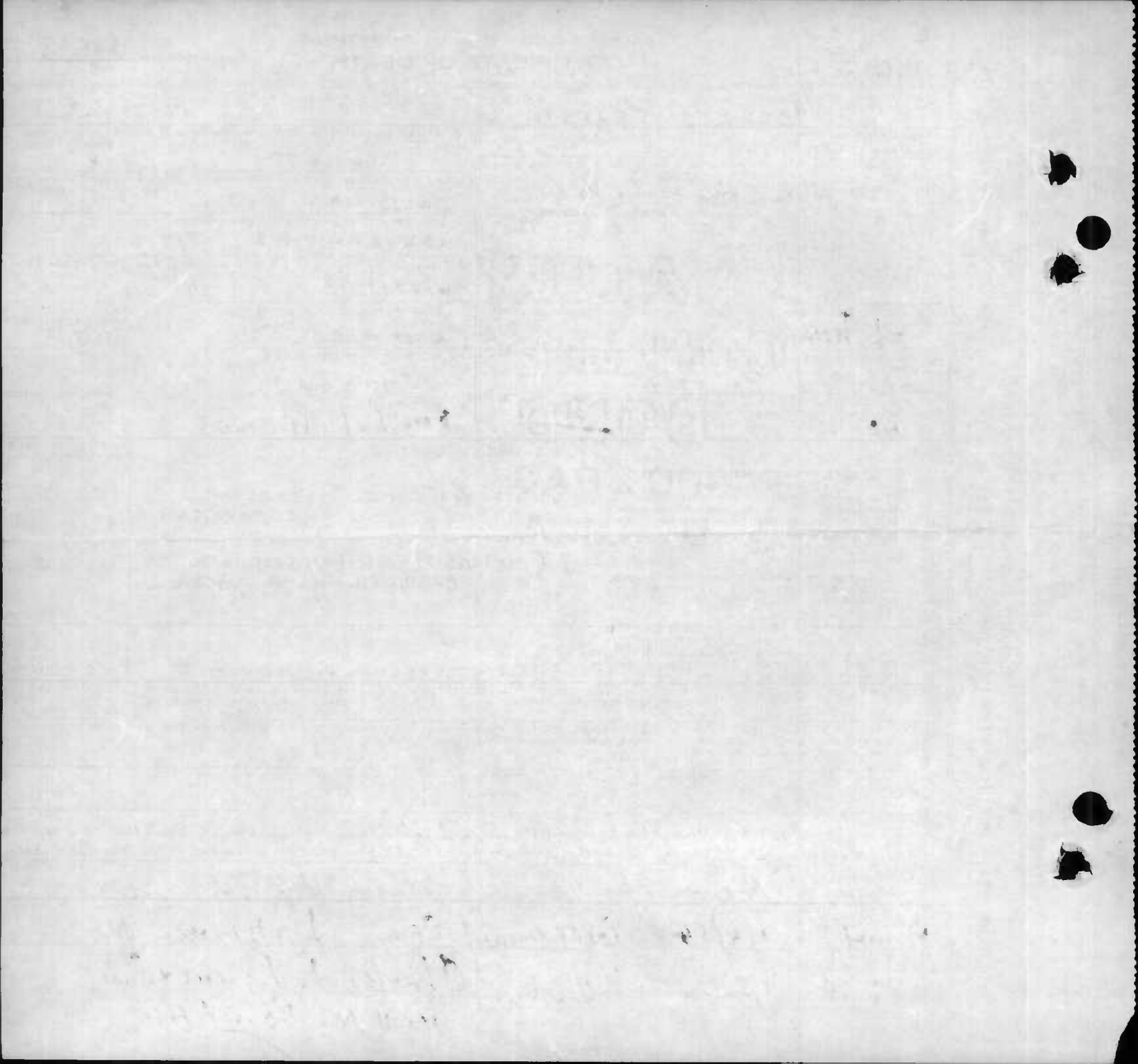
1915



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-625		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 11613	
53 11613		BIRTH NO.		11613	
1. NAME OF DECEASED (Type or Print) <b>Rachael Prussing.</b>			2. DATE OF DEATH <b>12-31-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>37 Mercy Hospital, Inc</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 114-01</b>		
C. Length of stay in Baltimore <b>77</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>236 Laurens ST.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>6/29/1876</b>	9. AGE (In years last birthday) <b>77</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE MD.</b>	
13. FATHER'S NAME <b>John H. Prussing.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b> (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Hospital Records</b> ADDRESS		
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Acute Posterior Myocardial Infarction</b> DUE TO <b>HYPERTENSIVE ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE</b> DUE TO <b>Cerebro-vascular Accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>23 hrs.</b> <b>0.22.15 yrs.</b> <b>4 months</b>		
19A. DATE OF OPERATION <b>0</b>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>9-27, 1953</b> to <b>12-31, 1953</b> that I last saw the deceased alive on <b>12-30, 1953</b> and that death occurred at <b>12:35 AM.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John W. Hume Jr.</b>			23B. ADDRESS <b>Mercy Hospital</b>		
23C. DATE SIGNED <b>12-31-53</b>			23D. LOCATION (City, town, or county) (State)		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>			24B. DATE <b>1/4/54</b>		
24C. NAME OF CEMETERY OR CREMATORY <b>GREENMOUNT CEM.</b>			24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 2-1954</b>			REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>		
25. FUNERAL DIRECTOR <b>CHARLES F. EVANS &amp; SON</b>			ADDRESS <b>118 N. Mt. Royal Ave.</b>		





C-540  
53 11614BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11614

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Mrs Margaret Connelly</i>			2. DATE OF DEATH <i>12/31/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Doctor's Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>DOCTOR'S Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>					
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2209 Hamilton Avenue</i>					
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>July 21, 1891</i>		9. AGE (In years last birthday) <i>62</i>		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Andrew Zinkand</i>			14. MOTHER'S MAIDEN NAME <i>?</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mr. Richard L. Connelly, 2209 Hamilton</i>			
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Mamm cerebral hemorrhage</i> DUE TO (B) <i>cerebral arteriosclerosis</i> DUE TO (C)					INTERVAL BETWEEN ONSET AND DEATH <i>6 1/2 hrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1947</i> , 19__, to <i>Dec 21</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec 31</i> , 19 <i>53</i> , and that death occurred at <i>5:10</i> a. m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Michael J. Traynor</i>			23B. ADDRESS <i>M. D. 2802 Harford Rd</i>			23C. DATE SIGNED <i>12/31/53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 2, 1954</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 2 - 1954</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Leonard J. Luck, 5305 Harford Road.</i>				



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-525

53

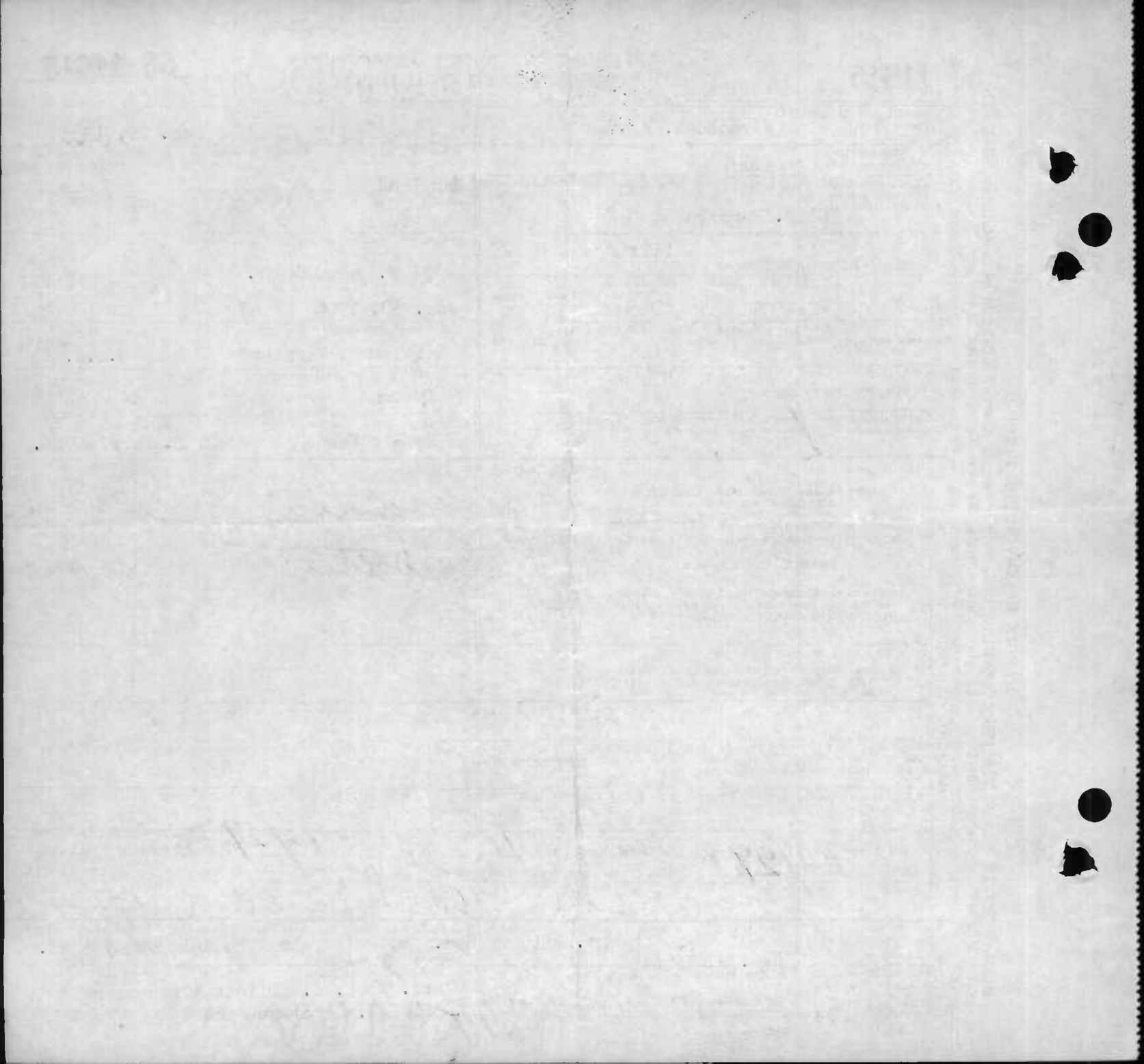
11615  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11615

1. NAME OF DECEASED (Type or Print) Raymond W. Henson			2. DATE OF DEATH Dec. 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 401 N. Parrish			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 401 N. Parrish St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 30, 1906	9. AGE (in years last birthday) 47	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Harry Henson			14. MOTHER'S MAIDEN NAME Dutton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mamie Keene			ADDRESS 401 N. Parrish St.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Myocarditis DUE TO (B) Hepatitis DUE TO (C)		
INTERVAL BETWEEN ONSET AND DEATH 30 dys. 4 mos.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that the deceased from 11-1-53 to 12-31-53, that I last saw the deceased alive on 12-31-53, and that death occurred at 12 P.M. from the causes and on the date stated above.					
23A. SIGNATURE Jas. R. Blake		23B. ADDRESS 1603 N. Caroline		23C. DATE SIGNED 12/31/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 2, 1954		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary cem.	
24D. LOCATION (City, town, or county) (State) Anne Arundel County Md.		25. FUNERAL DIRECTOR Mrs. Robt. A. Elliott & Daughter 1129 N. Caroline Street			
DATE RECEIVED BY LOCAL REGISTRAR JAN 2-1954		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		VS 150	

97099



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11616

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11616

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RICHARD HARRY STEVENS

2. DATE  
OF  
DEATH

Dec. 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

5200 Springlake Way

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

5200 Springlake Way

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 3, 1872

9. AGE (In years last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chief Engineer (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Steel

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard Stevens

14. MOTHER'S MAIDEN NAME

Mary J. Harry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Mabel L. Stevens-5200 Springlake Way

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Carcinoma of Prostate  
DUE TO Prostate of osseous, acetal metastasis

(B) Generalized arteriosclerosis

(C) Generalized arteriosclerosis

14 months  
6 months

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1952 to Dec 31st 1953, that I last saw the deceased alive on 30 Dec, 1953, and that death occurred at 6:4 m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. J. Pickner & Sons

23B. ADDRESS

1207 Eutan M

23C. DATE SIGNED

31 Dec 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/2/54

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 2-1954

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

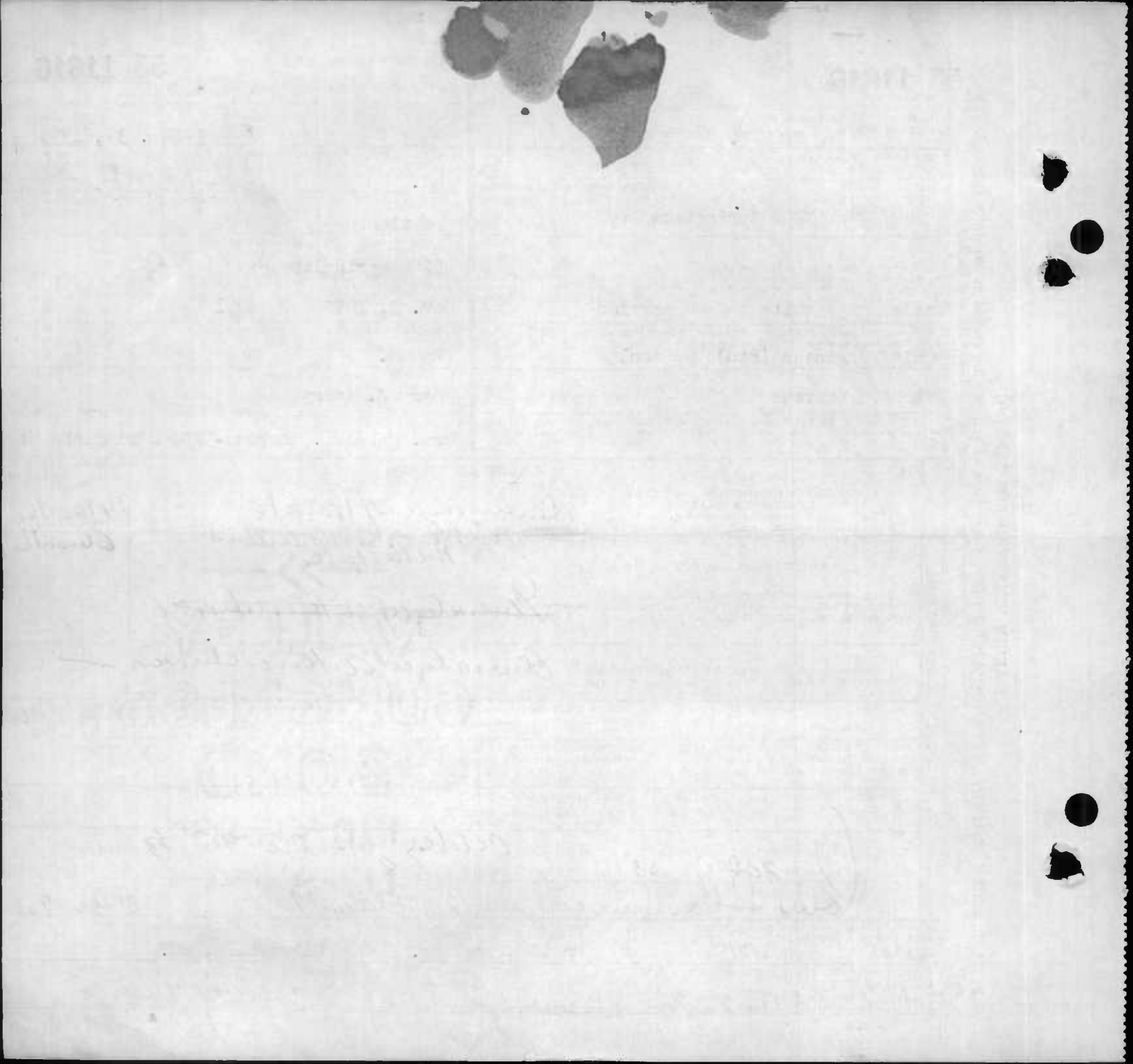
25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto. 17, Md.







PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 11-15-58

BALTIMORE CITY HEALTH DEPARTMENT

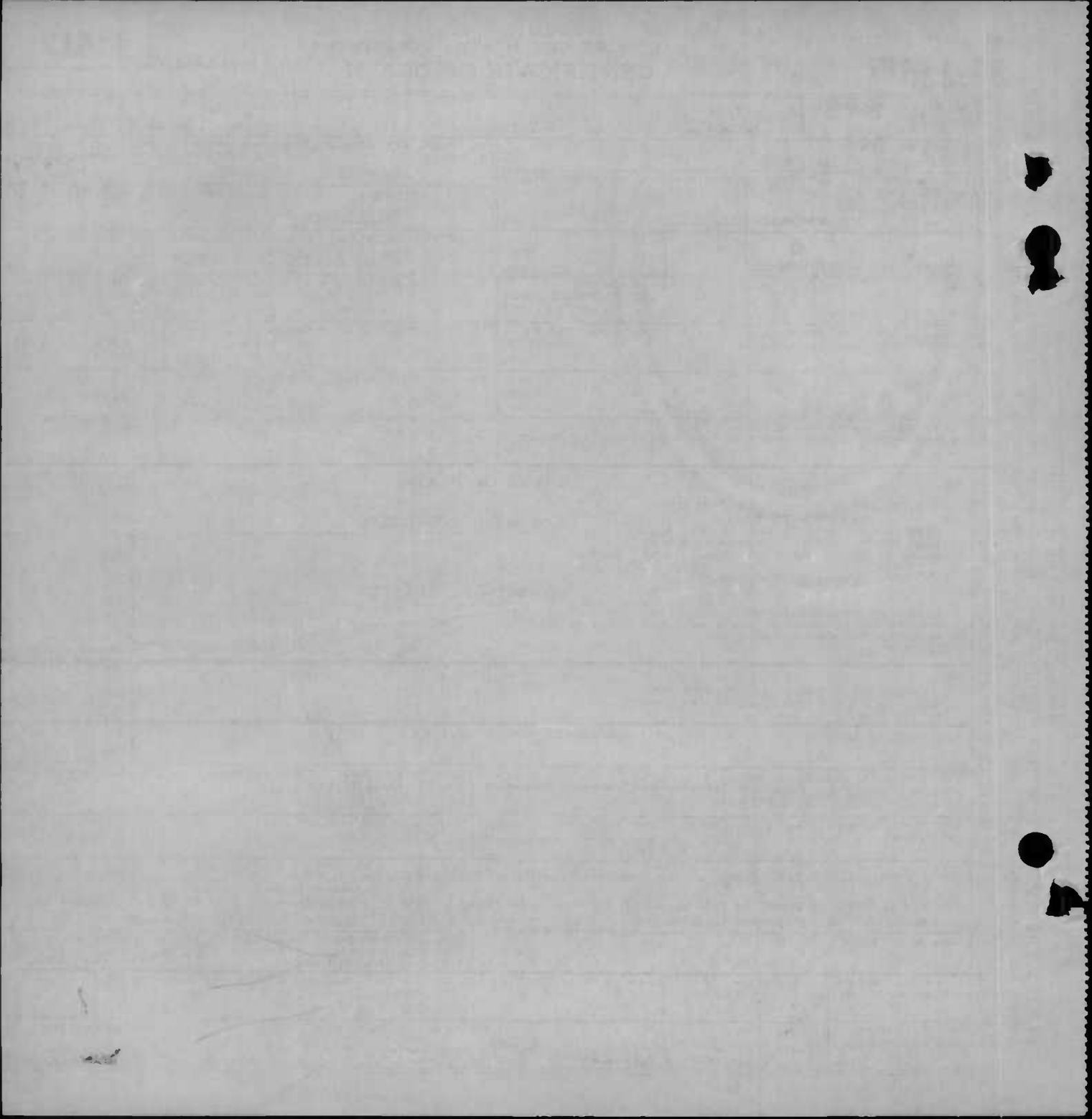
CERTIFICATE OF DEATH

Registered No.

53 11617

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MILDRED ROBERTS</b>		2. DATE OF DEATH <b>December 30, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Howard</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>2520 Lauretta Avenue</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 26, 1918</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9. AGE (In years last birthday) <b>35 41</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Howard Co. Md.</b>	
13. FATHER'S NAME <b>Frank Johnson</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Mary Johnson</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Clayton Roberts</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocardial infarct</b>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>William V. Williams</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED <b>Dec. 31, 1953</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 3, 1954</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Astbury Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Howard Co. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 2 - 1954</b>		25. FUNERAL DIRECTOR <b>Mr. Katie R. Williams</b>	
REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		ADDRESS <b>Schroeder St.</b>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-620

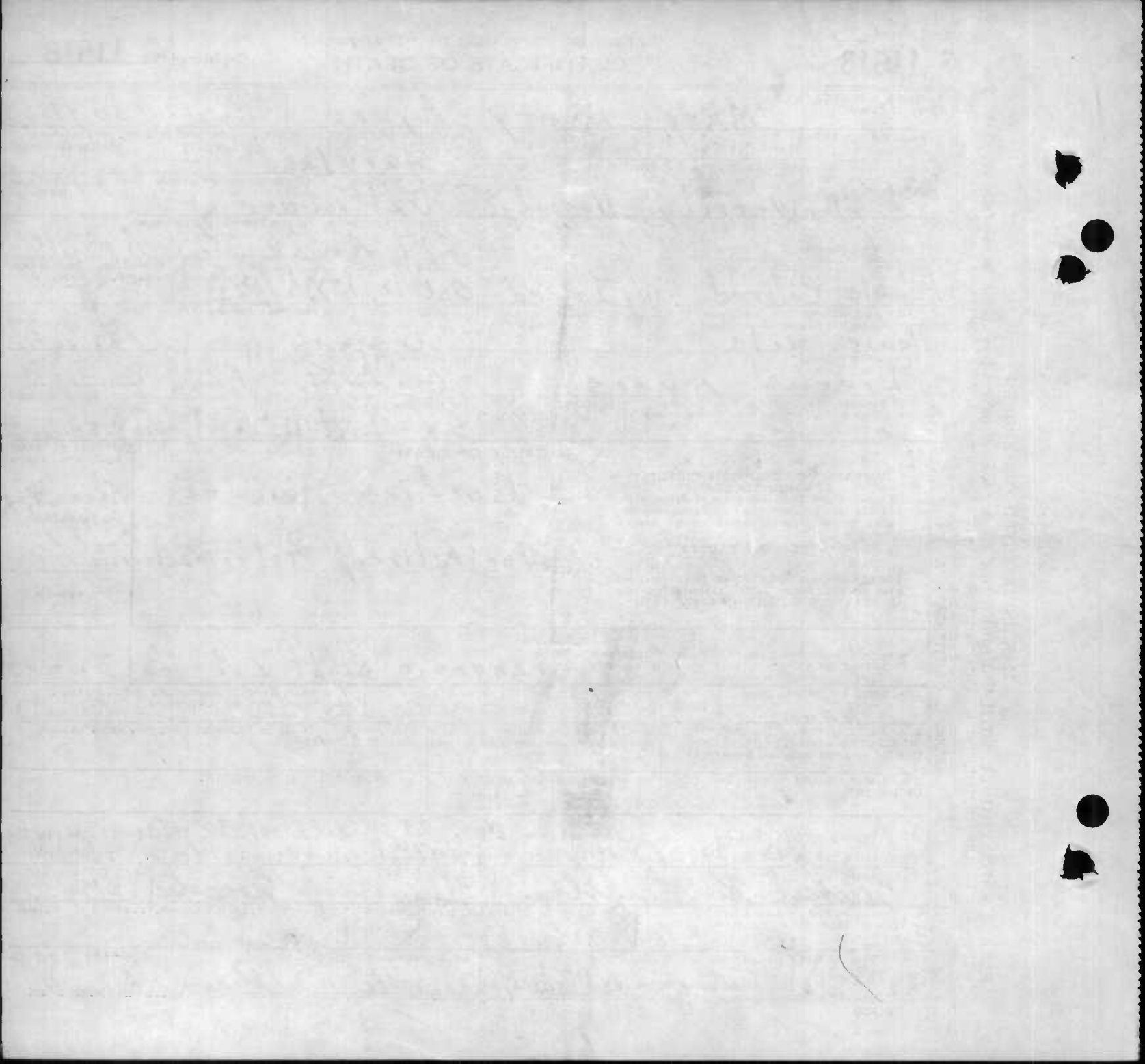
53 11618

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11618

1. NAME OF DECEASED (Type or Print) <i>Mary Henry Ayers</i>			2. DATE OF DEATH <i>12/30/1953</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>TB</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>5</i> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>207 Amity St., Apt. 10</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 12, 1871</i>	9. AGE (In years last birthday) <i>82</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Leven Ayers</i>		
14. MOTHER'S MAIDEN NAME <i>Georgia Anna</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Son - Littleton Ayers - 429 Brewer St</i>		
18. <i>450.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Cardiac Failure</i> DUE TO (B) <i>Generalized Arteriosclerosis</i> DUE TO (C) <i>Gangrene Right foot + leg</i>		
19. DATE OF OPERATION <i>None</i>			19b. CONDITION* FOR WHICH OPERATION WAS PERFORMED		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21c. HOW DID INJURY OCCUR?			21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Dec. 28, 1953</i> to <i>Dec. 30, 1953</i> , that I last saw the deceased alive on <i>Dec. 30, 1953</i> , and that death occurred at <i>7:00 P.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Hubert H. Leighton</i>			23b. ADDRESS <i>University Hospital</i>		
23c. DATE SIGNED <i>12/30/53</i>			24. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		
24b. DATE <i>Jan. 3, 1954</i>			24c. NAME OF CEMETERY OR CREMATORY <i>St. Zion Bapt. Cem</i>		
24d. LOCATION (City, town, or county) (State) <i>Princeton Pa</i>			25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>		
25. ADDRESS <i>322 N. Huntington Williams</i>			26. ADDRESS <i>Schroeder St</i>		

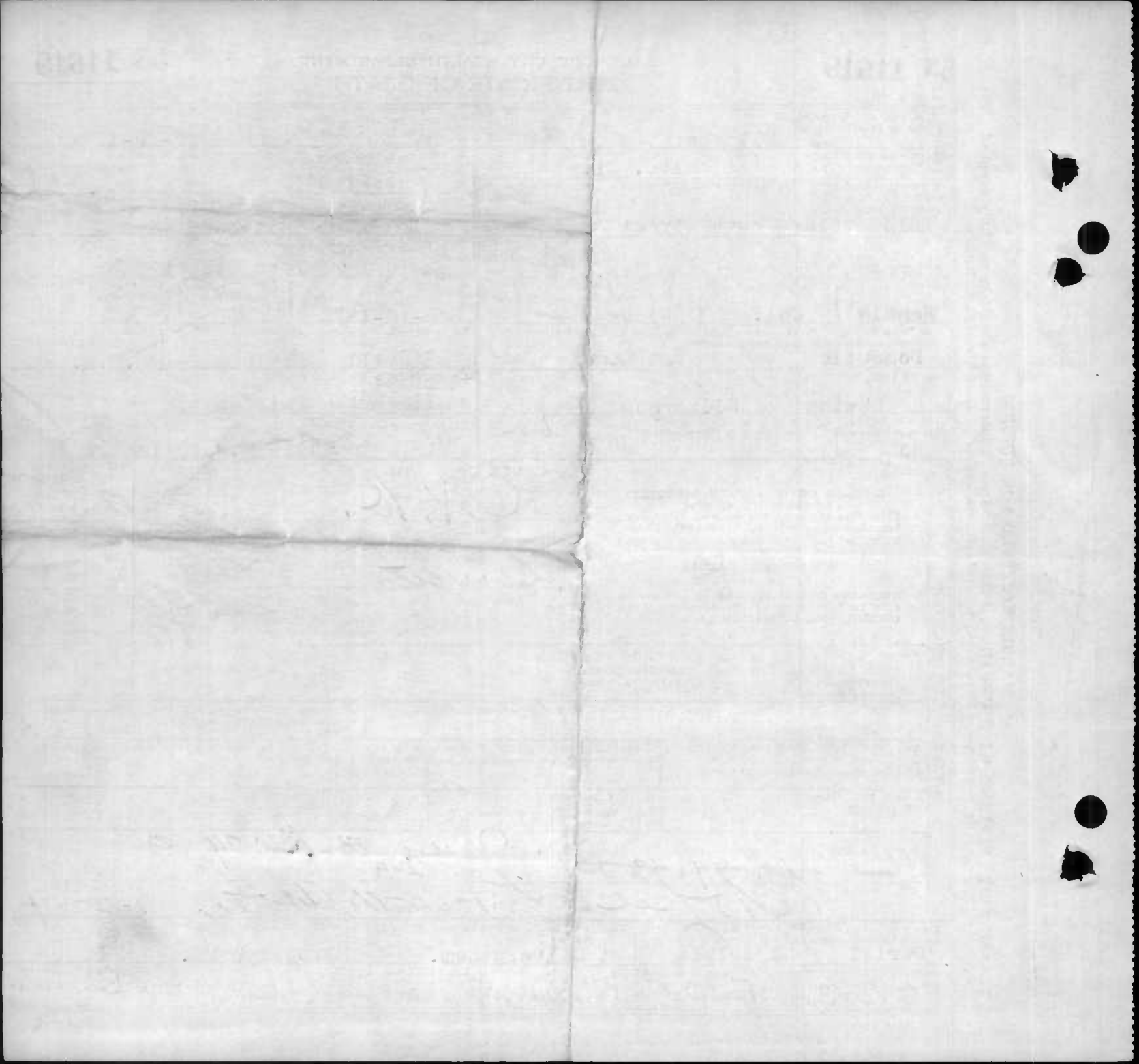


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-200  
53 11619BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11619  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Elizabeth Kess		Dec-29-1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland Balto. City		A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
1513 Poplar Grove Street		Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
60 Yrs.		1513 Poplar Grove Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Female	Col.	Widow	Dec-15-1873	80	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Domestic		At Home		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Newton Wilkerson		Elizabeth Fairfax			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				Viola Lee 1715 N. Caroline St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			
ANTECEDENT CAUSES		C. V. D.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Senility			
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1953, to Dec 29, 1953, that I last saw the deceased alive on Dec 29, 1953 and that death occurred at 2:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
		1500 N. Chester		1-2-54	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		1/2/1954		Mt Calvary Cem.	
24D. LOCATION (City, town, or county)		24E. REGISTRAR'S SIGNATURE		24F. FUNERAL DIRECTOR'S ADDRESS	
Brooklyn Md.		Huntington Williams, M.D.		1100 Bunting Ave	
DATE RECEIVED BY LOCAL REGISTRAR		VS 150			
JAN 2-1954					





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 11620		Registered No. 53 11620		
BIRTH NO. 53 11620				53-325-22				
1. NAME OF DECEASED (Type or Print) Mullen, Baby Boy				2. DATE OF DEATH 12/31/53				
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY				
B. FULL NAME OF HOSPITAL OR INSTITUTION 40 St. Agnes Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-31				
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 542 Yale Ave.				
5. SEX Male	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH 12/30/53	9. AGE (in years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Robert Mullen				14. MOTHER'S MAIDEN NAME Eileen Ormand				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS St. Agnes Hospital Records				
18. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH Prematurity (A) DUE TO (B) DUE TO (C) DUE TO				INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 12/30, 1953, to 12/31, 1953, that I last saw the deceased alive on 12/31, 1953, and that death occurred at 12.06 p.m., from the causes and on the date stated above.								
23A. SIGNATURE Sergio L. ...				23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-2-54		24C. NAME OF CEMETERY OR CREMATORY St. Peter's		24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR JAN 3 - 1954		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Serge & Son		ADDRESS Catonville Ind.		

542 Yale St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

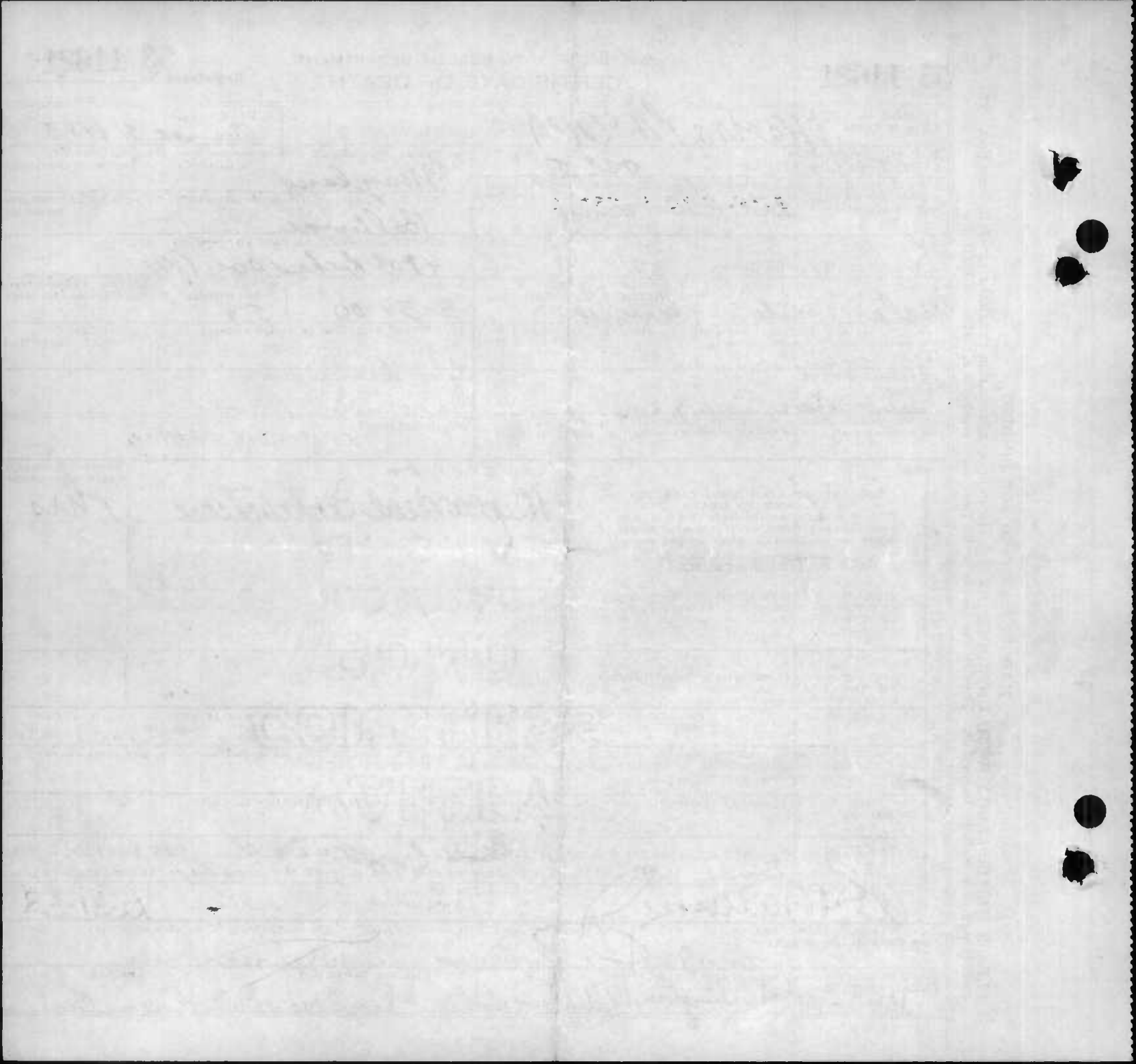
P-200  
53 11621  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 11621  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>THOMAS PASQUA</b>			2. DATE OF DEATH <b>Dec 31 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>002.5</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-03</b>		
c. Length of stay in Baltimore <b>37</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4803 Richard Ave (14)</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-3-00</b>		9. AGE (In years last birthday) <b>53</b>
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>Manager Md Bar</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Italy</b>
13. FATHER'S NAME <b>Salvatore Pasqua</b>			14. MOTHER'S MAIDEN NAME <b>Jennie Raymond</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>			ADDRESS		
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 31</b> , 19 <b>53</b> , to <b>Dec 31</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Dec 31</b> , 19 <b>53</b> , and that death occurred at <b>9 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>W. Mattison</b>			23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>12-31-53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>Jan 5 1954</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Belair Road</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 3 - 1954</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams</b>		25. FUNERAL DIRECTOR <b>Wilmington Williams</b>	
VS 150		ADDRESS <b>1701-03 Patterson Park Ave</b>			

29064



B-300  
53 11622BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11622  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary E. (Mona) Booth

2. DATE  
OF  
DEATH

Dec 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3501 PARKLAWN AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTO. MD. 8-01

D. STREET ADDRESS (If rural, give location)

3501 PARKLAWN AVE

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.

F

W

WIDOW

Aug 7, 1885

68

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State and county)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ROBERT WEIR

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS IRMA SMITH - SAME

18.

44 x 260 x  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Dec 30, 1953 to Dec 30, 1953, that I last saw the  
deceased alive on Dec 30, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

1-7-54

BALTIMORE

BALTO.

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 3 - 1954

Huntington Williams, Alfred J. Blyth 6009 Harford Rd

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



92.5-9111



MARGIN RESERVED FOR BINDING

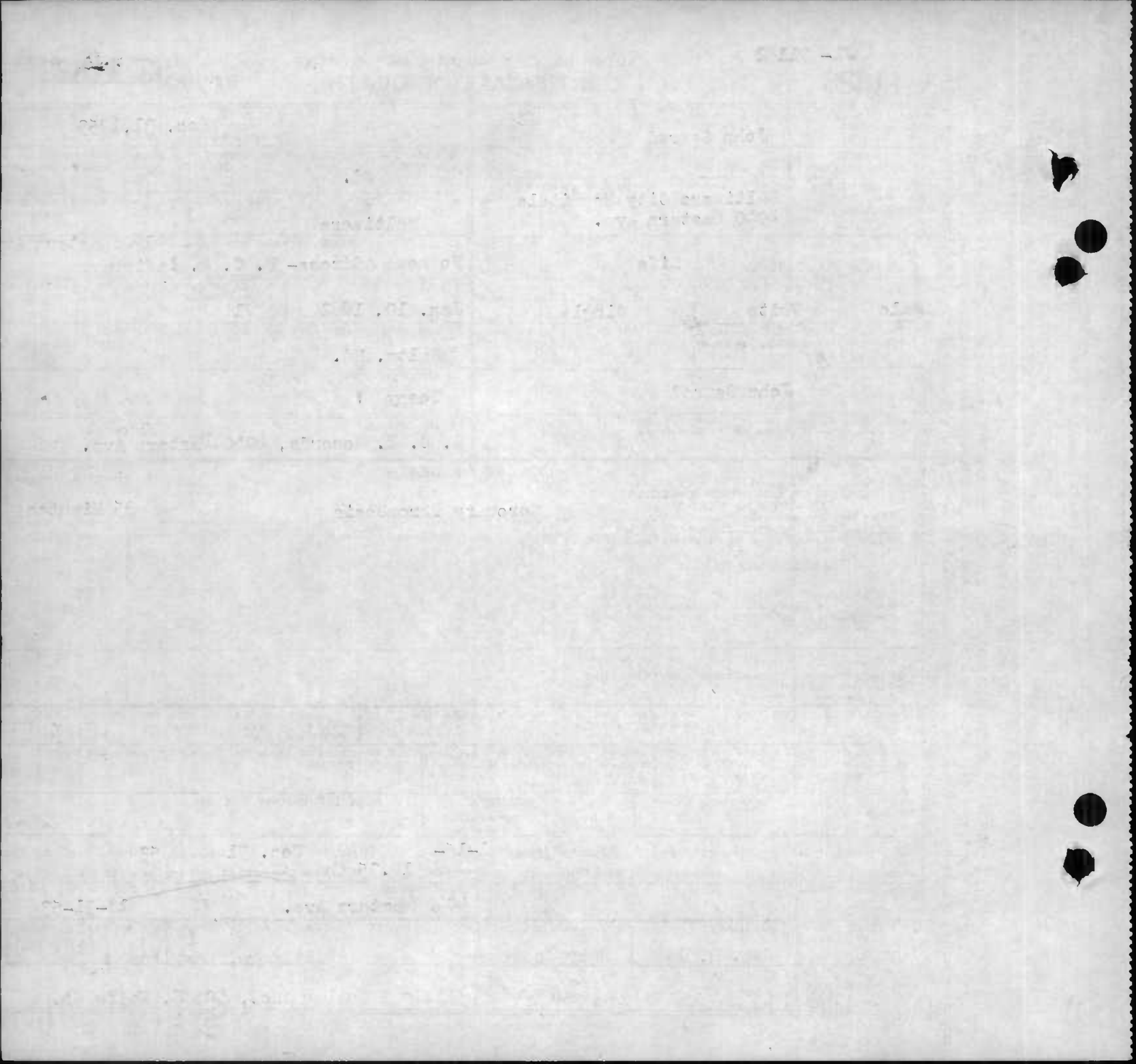
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-563  
JL-71182  
53 11623

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11623

1. NAME OF DECEASED (Type or Print) <b>John Semrad</b>		2. DATE OF DEATH <b>Dec. 31, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY C. CITY OR TOWN <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>4940 Eastern Ave.</b> E. No home Address- <b>B. C. H. Infirmary</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b> <b>4940 Eastern Ave.</b>		8. DATE OF BIRTH <b>Jan. 10, 1882</b>	
C. Length of stay in Baltimore <b>Life</b>		9. AGE (In years last birthday) <b>71</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Moulder</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Moulder</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>John Semrad</b>		14. MOTHER'S MAIDEN NAME <b>Teeny ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>B. C. H. Records, 4940 Eastern Ave.</b>		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <b>35 Minutes</b>
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-15</b> , 19 <b>42</b> , to <b>Dec. 31</b> , 19 <b>53</b> that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>10.35 AM</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>John Semrad</b>		23B. ADDRESS <b>4940 Eastern Ave.</b>	
23C. DATE SIGNED <b>12-31-53</b>		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>Jan. 4, 1954</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		25. FUNERAL DIRECTOR <b>Lilly &amp; Zeiler Inc., 403 S. Wolfe St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 3-1954</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
VS 150		690-99	



K-420

53 11624

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11624

1. NAME OF DECEASED (Type or Print) <b>KELSEY, GRACE CMRS.</b>			2. DATE OF DEATH <b>DEC. 31, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore City</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>5111 Belleville Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write "U.S.A." and give township) <b>28-02</b>		
c. Length of stay in Baltimore <b>60 years</b>			D. STREET ADDRESS (If rural, give location) <b>5111 Belleville Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-5-1873</b>	9. AGE (In years last birthday) <b>80</b>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>Annapolis Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Captain George Davis</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		
17. INFORMANT <b>Albert Henry Kelsey</b>			ADDRESS		

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebro-vascular accident</b> DUE TO <b>Cerebral arteriosclerosis</b>			CAUSE OF DEATH <b>5111 Belleville Ave.</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days 9 mos. unknown</b>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Bronchopneumonia</b>			5 days		
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>March</b> , 19 <b>53</b> , to <b>Dec. 31</b> , 19 <b>53</b> that I last saw the deceased alive on <b>Dec. 31</b> , 19 <b>53</b> , and that death occurred at <b>8:15 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Marvin Goldstein</b>		23B. ADDRESS <b>5334 Liberty Heights Ave.</b>		23C. DATE SIGNED <b>12/31/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1-4-54</b>		24C. NAME OF CEMETERY OR CREMATORY <b>DRUID RIDGE CEMETERY</b>	
24D. LOCATION (City, town, or county) <b>PIKESVILLE, MARYLAND</b>		24E. FUNERAL DIRECTOR <b>Ellsworth Armacost</b>		ADDRESS <b>4600 LIBERTY HEIGHTS AVE</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 3 - 1954</b>					
REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>					

U. S. A.  
FOND  
CONGRESS  
VALLEY

G-165  
53 11625BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11625  
Registered No.

BIRTH NO. 53 11625		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11625 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Louis Gubernatis</i>			2. DATE OF DEATH <i>Dec. 31/53.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1104 S. Paca St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1104 S. Paca St</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 27, 1882</i>	9. AGE (In years last birthday) <i>71</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>night watchman Entaw Svs. Bk</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>
12. FATHER'S NAME <i>Gubernatis</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs. Dorothy Gubernatis</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>470.0</i>			CAUSE OF DEATH <i>1104 S. Paca St.</i>		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) <i>Arterio sclerotic heart disease</i> ?		
			(B) <i>Generalized arterio sclerosis.</i> ?		
			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 15 1953</i> , to <i>12/31</i> , 1953 that I last saw the deceased alive on <i>12/31</i> , 1953, and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry Deibel</i>		23B. ADDRESS <i>M. D. 1226 Hanover St.</i>		23C. DATE SIGNED <i>1/4/54</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 4/54</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Pk. Balto. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 3 - 1954</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Harry H. Hutzler, 4101 Edmondson Ave</i>	
VS 150 76371					



1943

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC HEALTH

1943





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-624  
53 11626BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11626

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

2448 Callow Ave

Baltimore

13-01

c. Length of stay in Baltimore

4 mos.

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2448 Callow Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)It Under 1 Year  
Months Days  
It Under 24 Hours  
Hours Min.10. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1948, to Dec 31, 1953, that I last saw the  
deceased alive on 12/31, 1953, and that death occurred at 9:25 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county, State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 3 - 1954

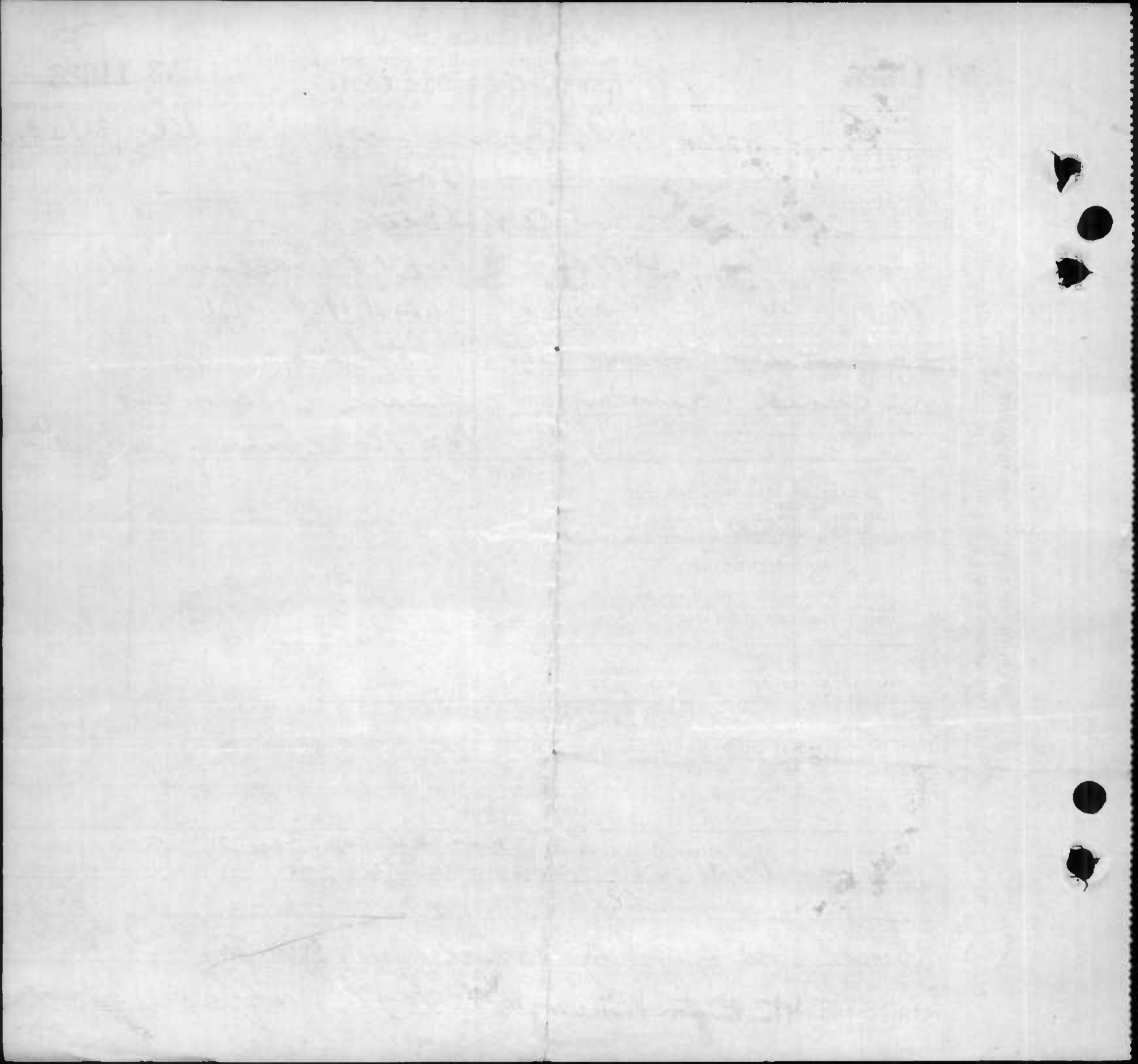
Huntington Williams

Harry H. Witzke

401 Edmondson

VS 150

210 93.



K-400

53 11627

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11627

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William J. KEALY (KEALY)

2. DATE  
OF  
DEATH

12-31-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

BALTIMORE CITY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE 26-09

D. STREET ADDRESS (If rural, give location)

3717 EASTERN AVE.

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAY 18, 1897

9. AGE (In years  
last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

AL'S REST.

11. BIRTHPLACE (State or foreign country)

NATRONA, PA.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

THOMAS KEALY

14. MOTHER'S MAIDEN NAME

BRIDGET POLLARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MARG. A. BINDEL 309 S. HIGHLAND

AV

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular  
Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

1-1-54

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

1-4-54

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM. 7401 GERMAN HILL RD., MD.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 3 - 1954

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Juler

ADDRESS

901 S. CONSLING ST.  
BALTO., MD.

1951

CERTIFICATE OF DEATH

1951

1951

1951

1951

B-326  
53 11628BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11628  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Albert Bottiger</i>		2. DATE OF DEATH <i>12/31/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>1905 W. Fannond Ave</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hospital</i> <i>2025 W. Fayette St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md. 20-01</i>			
54 c. Length of stay in Baltimore <i>74</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>7/20/83</i>	9. AGE (In years last birthday) <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Stone Masonry</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>George Bottiger</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Barbara Beutler</i>	
17. INFORMANT <i>Records Bon Secours Hospital</i>		ADDRESS			
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Vascular Accident</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7:30 12/31</i> , 19 <i>53</i> , to <i>9:25 1/31</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/31</i> , 19 <i>53</i> , and that death occurred at <i>9:25</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Leland J. Byrnes Jr.</i>		23B. ADDRESS <i>Bon Secours Hosp. 2025 W. Fayette St.</i>		23C. DATE SIGNED <i>12/31/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/4/54</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 3 - 1954</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>	
VS 150		69024			

1963

MINISTRE DE LA SANTE  
DEPARTEMENT DE LA SANTE  
DEPARTEMENT DE LA SANTE  
DEPARTEMENT DE LA SANTE

1963





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11629

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11629

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Pete Kato

2. DATE OF DEATH December 31, 1953

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

509 S. Vincent Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

509 S. Vincent Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

April 15, 1884

9. AGE (In years last birthday)

69

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY  
Furniture Company

11. BIRTHPLACE (State or foreign country)

Rumania

12. CITIZEN OF WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Carrie McMullen, 509 S. Vincent St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
DUE TO

Acute Pulmonary Edema

1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
DUE TO

Arteriosclerotic C-V. Disease

Many years

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to Dec 31, 1953 that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M. D.

23B. ADDRESS

206 S. Belmor St.

23C. DATE SIGNED

1/1/54

24A. BURIAL, CREMATION, REMOVAL (Specify)  
burial

24B. DATE

1/4/54

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 3 - 1954

Huntington Williams, Myron Cook, Inc., 1217 St. Paul Street

53 11250

53 11250



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-352

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **53 11630**

**53 11630**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ANNA WHITTINGTON</b>			2. DATE OF DEATH <b>12/29/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>16-12</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1421 W. LAFAYETTE AV.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
c. Length of stay in Baltimore <b>30YRS</b>			D. STREET ADDRESS (If rural, give location) <b>1421 LAFAYETTE AVE. - W.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6/25/1910</b>		9. AGE (In years last birthday) <b>43</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SEAMSTRESS</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DRESSMAKER</b>	11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>FRANK LEE</b>			14. MOTHER'S MAIDEN NAME <b>NELLIE</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, na or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>EUGENE WHITTINGTON 1421 LAFAYETTE AV.</b>		
18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Cerebro-Vascular Accident</b> DUE TO (B) <b>Hypertension</b> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Nov. 3, 1953</b> , to <b>12/31, 1953</b> , that I last saw the deceased alive on <b>12/30, 1953</b> , and that death occurred at <b>5:30 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. Preston Grant</b>		23B. ADDRESS <b>601 N. CARROLLTON</b>		23C. DATE SIGNED <b>1/2/54</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1/3/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>ARBUTHNOT MEM'L PK.</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTO. COUNTY, MD.</b>		25. FUNERAL DIRECTOR <b>CHARLES G. COOPER-512 CARROLLTON AV.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 3 - 1954</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, Jr.</b>			
VS 150 <b>69046 Charles Cooper</b>					

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00011 33



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 11631**

**53 11631**

1. NAME OF DECEASED (Type or Print) <b>(JOSEPH) PAUL THOMAS</b>			2. DATE OF DEATH <b>December 31, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>		
8. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
c. Length of stay in Baltimore <b>30YRS</b>			D. STREET ADDRESS (If rural, give location) <b>120 N. FREMONT AVE</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7/29/1905</b>	9. AGE (in years last birthday) <b>48</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	11. BIRTHPLACE (State or foreign country) <b>CHARLES COUNTY, MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>ERNEST THOMAS</b>			14. MOTHER'S MAIDEN NAME <b>AGNES</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>218-09-8122</b>	17. INFORMANT ADDRESS <b>MATTIE THOMAS-120 N. FREMONT AV.</b>		

18. <b>193X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Brain Tumor</b> <b>glioblastoma multiforme</b>	CAUSE OF DEATH (A) <b>Brain Tumor</b> <b>glioblastoma multiforme</b> (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Cooper</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.	23C. DATE SIGNED <b>Dec. 31, 1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>1/4/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>MT. CALVARY CEM.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 3 - 1954</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	24D. LOCATION (City, town, or county) (State) <b>A.A. COUNTY, MD.</b>
FUNERAL DIRECTOR ADDRESS <b>CHARLES G. COOPER-512 CARROLLTON AV.</b>		

MARGIN RESERVED FOR BINDING  
PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

FORM 32

FORM 32



53 11632

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11632  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>WALTER PAUL DEAN Jr.</b>		2. DATE OF DEATH <b>December 31, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Lansdowne</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		D. STREET ADDRESS (If rural, give location) <b>300 Mardo Avenue</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 11, 1897</b>	9. AGE (In years last birthday) <b>56</b>	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shaffer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Electrical Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Pittsburg, Penna.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>Paul Dean</b>		14. MOTHER'S MAIDEN NAME <b>Charolette Rose</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Anna M. Dean</b>	
18. <b>E 816.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Crushed chest</b> (A) <del>XXXXX</del>		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Massive hemothorax</b> (B) <del>XXXXX</del> <b>Rupture of liver</b> (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Preston and Charles Streets 11-2</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Dec. 31, 1953 2:50 A. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Auto and auto collision (driver of taxicab)</b>	
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William V. Smith</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>Dec. 31, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 4 1954</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>		25. FUNERAL DIRECTOR <b>Loring Byers</b>		ADDRESS <b>500 15th St</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1954</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		ADDRESS <b>68254</b>	

5

A-130 53 11633		11633 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11633 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>John Abbott</u>		2. DATE OF DEATH <u>12-31-53</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church Home + Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		9-08	
D. STREET ADDRESS (If rural, give location) <u>1916 Sherwood Ave.</u>		E. Length of stay in Baltimore <u>Life</u>		Yrs. Mos. Days	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12-14-91</u>	9. AGE (In years last birthday) <u>62</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>foreman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore MD.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>James Abbott</u>		14. MOTHER'S MAIDEN NAME <u>Mary Heilein</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>216-16-6446</u>		17. INFORMANT ADDRESS <u>DAUGHTER 1910 Sherwood Ave.</u>	
18. <u>162X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bronchogenic Carcinoma</u>		CAUSE OF DEATH (A) <u>Bronchogenic Carcinoma</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-18</u> , 19 <u>53</u> , to <u>12-31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>53</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Cash C. Collins</u>		23B. ADDRESS <u>Church Home + Hosp. 794</u>		23C. DATE SIGNED <u>12-31-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>1/4/54</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cemetery Baltimore Maryland</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Maryland</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 4 - 1954</u>		REGISTRAR'S SIGNATURE <u>Henry Sander &amp; Sons Inc.</u>	
25. FUNERAL DIRECTOR <u>Henry Sander &amp; Sons Inc.</u>		ADDRESS <u>Baltimore Maryland</u>			
VS 150 52324 <u>By T. Parker</u>					

1941-42

UNITED STATES DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION

WASHINGTON, D. C.

REPORT OF THE UNITED STATES DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION

WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF AGRICULTURE

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UNITED STATES DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION

WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF AGRICULTURE

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 11634

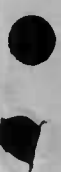
T-416  
53 11634 53-25519

1. NAME OF DECEASED (Type or Print) <b>MARTHA TALBERT</b>		2. DATE OF DEATH <b>12-31-58</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>md</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>University Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto</b>	
C. Length of stay in Baltimore <b>Life</b> Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>1006 Linden ave</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>Oct 16, 1953</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>5</b>	11. BIRTHPLACE (State or foreign country) <b>Balto md</b>
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Anglen Talbert</b>		14. MOTHER'S MAIDEN NAME <b>Lillian Foster</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT <b>Anglen Talbert</b> ADDRESS <b>1006 Linden ave</b>	
16. SOCIAL SECURITY NO.		18. <b>491X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bronchopneumonia</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>R. F. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <b>1-5-59</b>		24. NAME OF CEMETERY OR CREMATORY <b>mt Auburn</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-4-59</b>	
24C. LOCATION (City, town, or county) <b>md</b>		24D. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1959</b>	
24E. REGISTRAR'S SIGNATURE <b>Thurston Williams</b>		24F. FUNERAL DIRECTOR <b>George B. Nelson</b>	
24G. ADDRESS <b>1303 Prestman st</b>		V S 151	

1000

RECEIVED BY THE  
OFFICE OF THE  
SECRETARY OF THE  
NAVY

1000





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**J-525** CORRECTED DATA ADDED **3/3/54** **11635**  
**BALTIMORE CITY HEALTH DEPARTMENT**  
**CERTIFICATE OF DEATH**

Registered No. **53 11635**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Harriet Johnson Mrs</b>		2. DATE OF DEATH <b>Dec 31, 1953</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ma</b> B. COUNTY <b>Balto</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St Josephs Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1157 N. Striker St #17</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 31, 1895</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>md</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Offer</b>		14. MOTHER'S MAIDEN NAME <b>Harriett Arthur</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Lawrence Offer</b>		ADDRESS <b>1157 N. Striker St</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Hodgkins Disease</b>		CAUSE OF DEATH <b>Congestive heart failure</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized arteriosclerosis</b>		Autopsy findings: <b>Tuberculosis of the spleen, liver and mesenteric glands.</b>	
19A. DATE OF OPERATION <b>7</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 9 1953</b> to <b>Dec 31, 1953</b> , that I last saw the deceased alive on <b>Dec 31 1953</b> and that death occurred at <b>7:45 P.M.</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>R. Esquivel</b>		23B. ADDRESS <b>St Josephs Hospital</b>	
23C. DATE SIGNED <b>Dec 31 1953</b>		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>1-5-54</b>		24C. NAME OF CEMETERY OR CREMATORY <b>mt auburn</b>	
24D. LOCATION (City, town, or county) (State) <b>md</b>		25. FUNERAL DIRECTOR <b>George S. Nelson</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1954</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
VS 150		ADDRESS <b>1303 Presstman</b>	

See directive in Document file from St Joseph's Hospital

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DATE \_\_\_\_\_  
BODY TAKEN BY \_\_\_\_\_

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 11636****53 11636**1. NAME OF DECEASED  
(Type or Print)

John Wesley Hughes

2. DATE  
OF  
DEATH

12/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1205 Madison Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1205 Madison Ave.

c. Length of stay in Baltimore

35 yrs.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9/15/89

9. AGE (In years

last birthday)

64

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR

INDUSTRY

Steel Plant

11. BIRTHPLACE (State or foreign country)

Cambridge, Md.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Alexander Hughes

14. MOTHER'S MAIDEN NAME

Sarah Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL

SECURITY NO.

217-01-7780

17. INFORMANT

ADDRESS

Mrs. Arnita Flannagan, 1205 Mad. Ave.

18.

151X

## CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

12 Months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cancer Stomache

DUE TO

Arteriosclerosis

(C)

?

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1952, to 12-29, 1953, that I last saw the deceased alive on 12-29, 1953, and that death occurred at 10:20 A. from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Harrison

M. D.

23B. ADDRESS

2224 Madison Ave

23C. DATE SIGNED

12/31/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1-2-54

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Balto. Co., Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

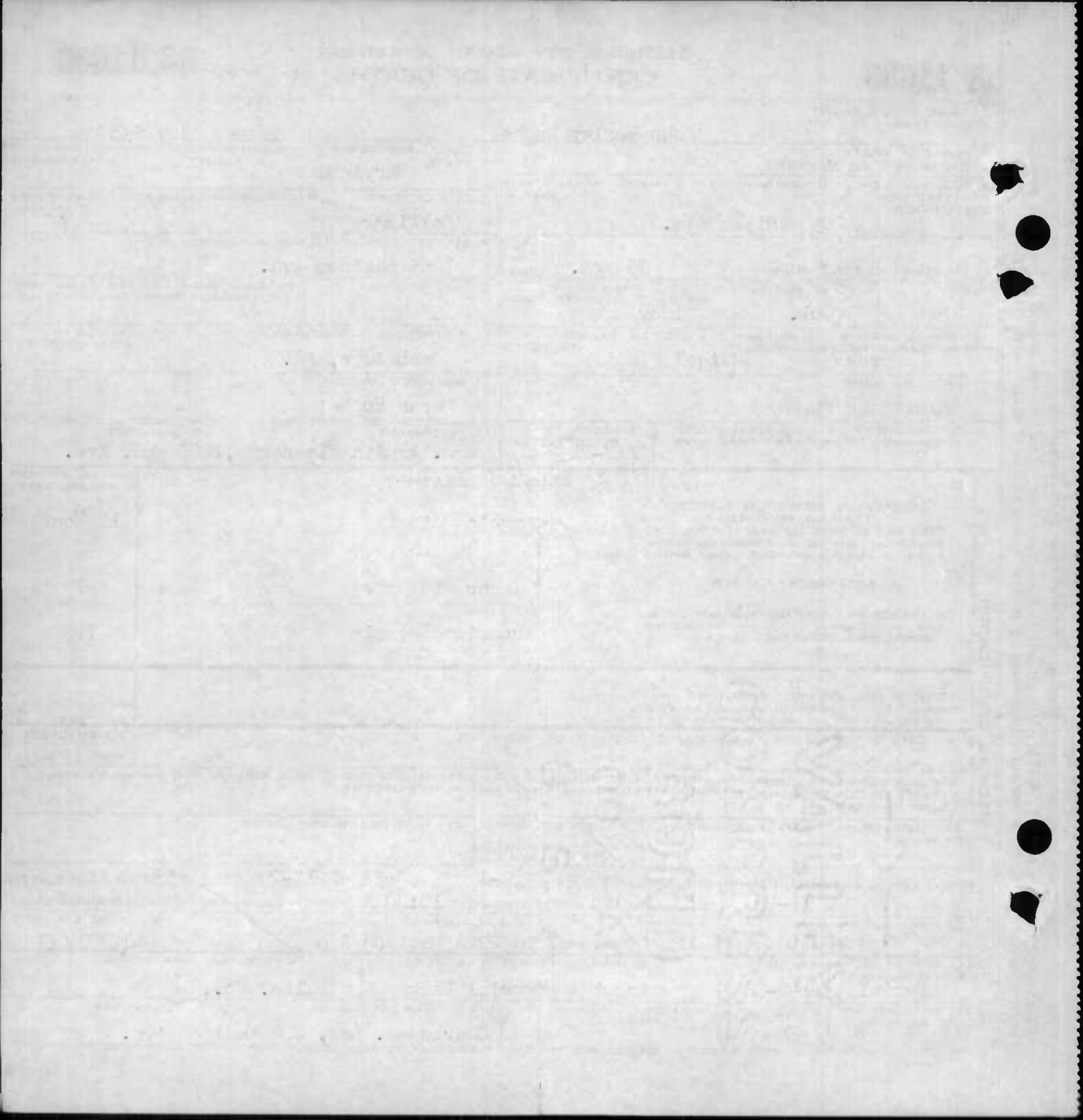
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law, 802 Madison Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-420		11637		BALTIMORE CITY HEALTH DEPARTMENT		53 11637	
53 11637		FANNIE BULLOCK		12-31-53		Registered No.	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
Fannie Bullock				12-31-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
Provident Hosp.				A. STATE B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Provident Hospital				Baltimore Md 11-04			
D. STREET ADDRESS (If rural, give location)				1103 Tiffney Court			
E. Length of stay in Baltimore				Yrs. Mos. Days			
24 yrs.							
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY?
Female	colored	separated	4-13-98	55 yrs			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country)			
domestic				Vermont N. C.			
10B. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?			
Private family							
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Bob Steele				Kitty Stevens			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
				217-18-3426			
17. INFORMANT				ADDRESS			
Rudolph Bullock				1103 Tiffney Ct			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
(A) Heart failure				INTERVAL BETWEEN ONSET AND DEATH			
DUE TO							
19. ANTECEDENT CAUSES				(B) Coronary occlusion			
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
0							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 12-31-53, 19, to 12-31-53, 19, that I last saw the deceased alive on 12-31-53, 19, and that death occurred at 10:10 A. M., from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS		23C. DATE SIGNED	
George R. Seymour				Provident Hospital		1/2/54	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		1-4-54		Mt. Auburn		Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
JAN 4 - 1954		Huntington Williams		Chas. R. Law		802 Madison Ave.	
VS 150							

720 FA



Forrester Block  
President's Office

12-31-23

Out to

President's Office

At 1.00



E363  
53 11638BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11638

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

OSCAR EDWARDS

2. DATE  
OF  
DEATH

Dec. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hosp.

C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1912 Greenmount Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-16-1917

9. AGE (In years  
last birthday)

36

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John F. Edwards

14. MOTHER'S MAIDEN NAME

Emily Melton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Helen Edwards - Home

18.

322.1 and 002 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute and chronic alcoholism

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐23C. DATE SIGNED  
Dec. 24, 195324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF EVIDENCE

THE STATE OF TEXAS

COUNTY OF DALLAS

1900

1900

STATE OF TEXAS

COUNTY OF DALLAS

STATE OF TEXAS

COUNTY OF DALLAS

STATE OF TEXAS

COUNTY OF DALLAS

STATE OF TEXAS

COUNTY OF DALLAS

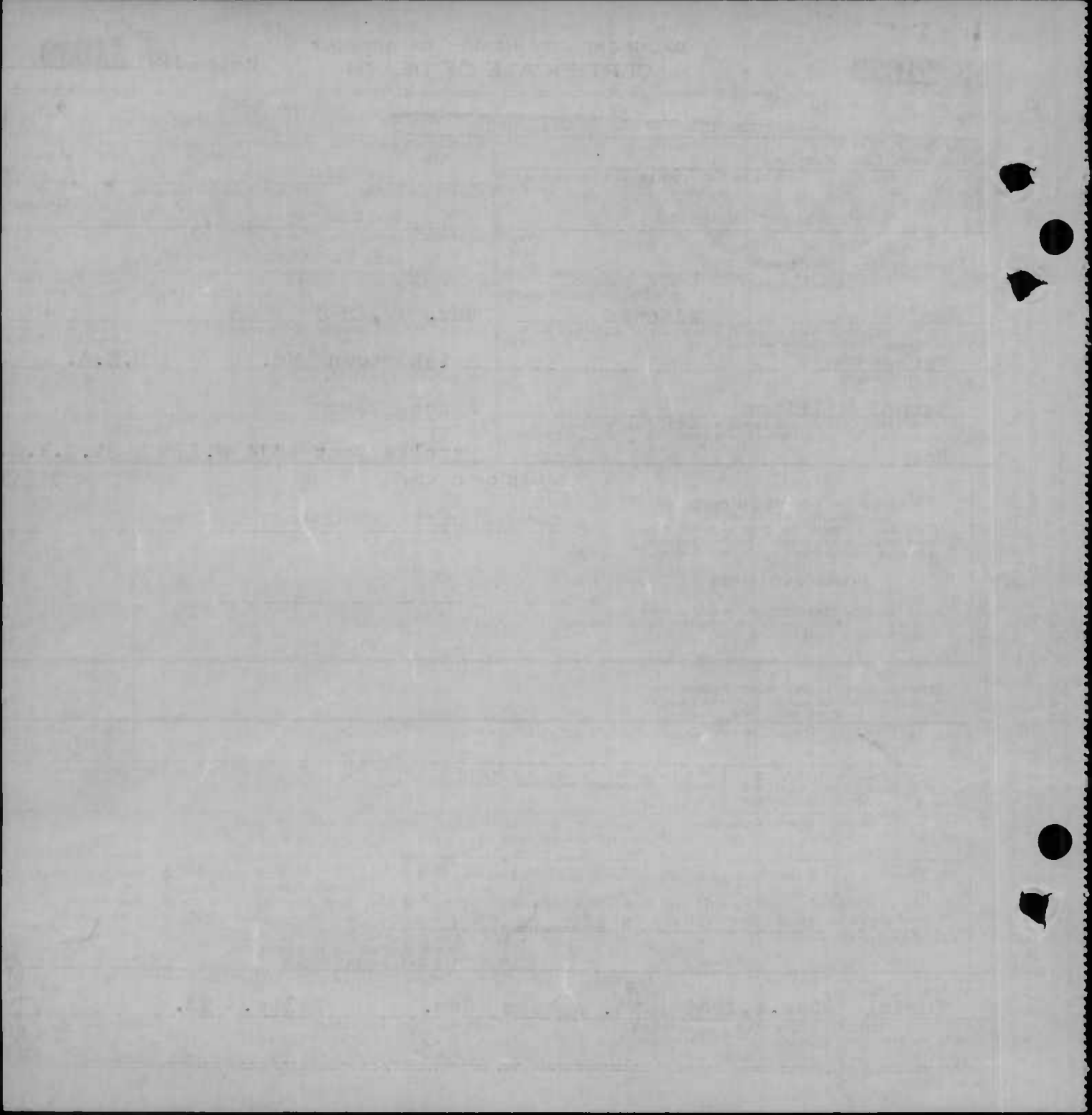
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 11639

W-452  
53 11639

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>RACHEL Hayes WILLIAMS</b>		2. DATE OF DEATH <b>December 31, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>17-03</b>		C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		D. STREET ADDRESS (If rural, give location) <b>620 W. Lanvale Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 27, 1885</b>	9. AGE (In years last birthday) <b>68</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Reistertown Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Samuel Williams</b>		14. MOTHER'S MAIDEN NAME <b>Agnes Clark</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Estella Dent</b>	
18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Dec. 31, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 4, 1954</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>	
24D. LOCATION (City, town, or county) <b>Balto. Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1954</b>		24F. REGISTRAR'S SIGNATURE <i>William J. Smith</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1954</b>		24H. REGISTRAR'S SIGNATURE <i>William J. Smith</i>		24I. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams</b>	
24J. ADDRESS <b>322 N</b>		24K. ADDRESS <b>Schroeder St.</b>		24L. ADDRESS <b>322 N</b>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-452  
53 11640

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11640  
Registered No.

1. NAME OF DECEASED (Type or Print) Margaret W. Schilling			2. DATE OF DEATH Dec. 31, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 608 Cooks Lane			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 608 Cooks Lane		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 18, 1909	9. AGE (In years last birthday) 44	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY at home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Frederick W. Mengers, Sr.			14. MOTHER'S MAIDEN NAME Mary Emma Curley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 216-10-8969		
17. INFORMANT Mr. Jacques W. Schilling			ADDRESS 608 Cooks Lane		
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Carcinomatosis DUE TO (B) Carcinoma of Breast DUE TO (C)		
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 1951, to Dec 31, 1953 that I last saw the deceased alive on Dec 30, 1953, and that death occurred at 8:22 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Alfred H. Lerwintz			23B. ADDRESS 4209 Sand Lane		
23C. DATE SIGNED 1/2/54					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/4/54	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 4 - 1954		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR M. J. Pickner & Sons Balto. 17, Md.	

1. *Chloroceryle alpestris*  
 2. *Chloroceryle alpestris*

Jan 25, 1901

*[Faint handwritten notes at the bottom of the page, possibly bleed-through from the reverse side.]*



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11641

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11641  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. DATE

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 170X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic nephritis &amp; anemia

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Jan 1, 1954 that I last saw the deceased alive on Dec 31, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

0938V

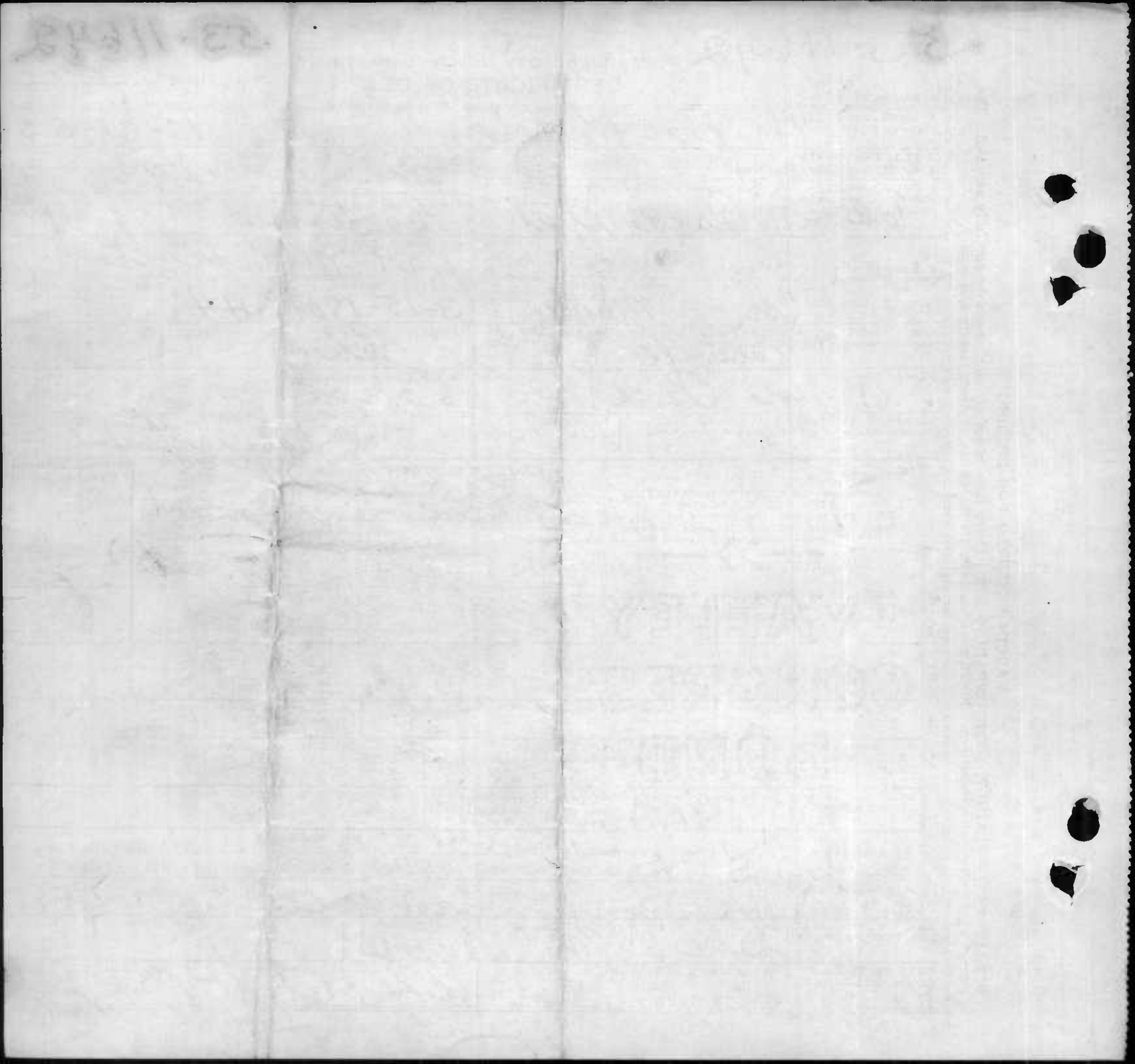
1862 65

1862 65



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-11642		11642		53-11642	
BALTIMORE CITY HEALTH DEPARTMENT					
CERTIFICATE OF DEATH					
Registered No. _____					
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) Hazel Kidd				2. DATE OF DEATH 12-31-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY city	
B. FULL NAME OF HOSPITAL OR INSTITUTION 629-N. Paca street				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 629-N. Paca st.	
5. SEX M.		6. COLOR OR RACE Col		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 3-15-1909		9. AGE (In years last birthday) 44		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Md.				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert Rice				14. MOTHER'S MAIDEN NAME Laura	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.	
17. INFORMANT Samuel J. Gifford Jr.				18. CAUSE OF DEATH	
18. 491x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A. Broncho pneumonia DUE TO B. ? DUE TO C. ? D. ? E. ? F. ? G. ? H. ? I. ? J. ? K. ? L. ? M. ? N. ? O. ? P. ? Q. ? R. ? S. ? T. ? U. ? V. ? W. ? X. ? Y. ? Z. ? AA. ? AB. ? AC. ? AD. ? AE. ? AF. ? AG. ? AH. ? AI. ? AJ. ? AK. ? AL. ? AM. ? AN. ? AO. ? AP. ? AQ. ? AR. ? AS. ? AT. ? AU. ? AV. ? AW. ? AX. ? AY. ? AZ. ? BA. ? BB. ? BC. ? BD. ? BE. ? BF. ? BG. ? BH. ? BI. ? BJ. ? BK. ? BL. ? BM. ? BN. ? BO. ? BP. ? BQ. ? BR. ? BS. ? BT. ? BU. ? BV. ? BW. ? BX. ? BY. ? BZ. ? CA. ? CB. ? CC. ? CD. ? CE. ? CF. ? CG. ? CH. ? CI. ? CJ. ? CK. ? CL. ? CM. ? CN. ? CO. ? CP. ? CQ. ? CR. ? CS. ? CT. ? CU. ? CV. ? CW. ? CX. ? CY. ? CZ. ? DA. ? DB. ? DC. ? DD. ? DE. ? DF. ? DG. ? DH. ? DI. ? DJ. ? DK. ? DL. ? DM. ? DN. ? DO. ? DP. ? DQ. ? DR. ? DS. ? DT. ? DU. ? DV. ? DW. ? DX. ? DY. ? DZ. ? EA. ? EB. ? EC. ? ED. ? EE. ? EF. ? EG. ? EH. ? EI. ? EJ. ? EK. ? EL. ? EM. ? EN. ? EO. ? EP. ? EQ. ? ER. ? ES. ? ET. ? EU. ? EV. ? EW. ? EX. ? EY. ? EZ. ? FA. ? FB. ? FC. ? FD. ? FE. ? FF. ? FG. ? FH. ? FI. ? FJ. ? FK. ? FL. ? FM. ? FN. ? FO. ? FP. ? FQ. ? FR. ? FS. ? FT. ? FU. ? FV. ? FW. ? FX. ? FY. ? FZ. ? GA. ? GB. ? GC. ? GD. ? GE. ? GF. ? GG. ? GH. ? GI. ? GJ. ? GK. ? GL. ? GM. ? GN. ? GO. ? GP. ? GQ. ? GR. ? GS. ? GT. ? GU. ? GV. ? GW. ? GX. ? GY. ? GZ. ? HA. ? HB. ? HC. ? HD. ? HE. ? HF. ? HG. ? HH. ? HI. ? HJ. ? HK. ? HL. ? HM. ? HN. ? HO. ? HP. ? HQ. ? HR. ? HS. ? HT. ? HU. ? HV. ? HW. ? HX. ? HY. ? HZ. ? IA. ? IB. ? IC. ? ID. ? IE. ? IF. ? IG. ? IH. ? II. ? IJ. ? IK. ? IL. ? IM. ? IN. ? IO. ? IP. ? IQ. ? IR. ? IS. ? IT. ? IU. ? IV. ? IW. ? IX. ? IY. ? IZ. ? JA. ? JB. ? JC. ? JD. ? JE. ? JF. ? JG. ? JH. ? JI. ? JJ. ? JK. ? JL. ? JM. ? JN. ? JO. ? JP. ? JQ. ? JR. ? JS. ? JT. ? JU. ? JV. ? JW. ? JX. ? JY. ? JZ. ? KA. ? KB. ? KC. ? KD. ? KE. ? KF. ? KG. ? KH. ? KI. ? KJ. ? KK. ? KL. ? KM. ? KN. ? KO. ? KP. ? KQ. ? KR. ? KS. ? KT. ? KU. ? KV. ? KW. ? KX. ? KY. ? KZ. ? LA. ? LB. ? LC. ? LD. ? LE. ? LF. ? LG. ? LH. ? LI. ? LJ. ? LK. ? LL. ? LM. ? LN. ? LO. ? LP. ? LQ. ? LR. ? LS. ? LT. ? LU. ? LV. ? LW. ? LX. ? LY. ? LZ. ? MA. ? MB. ? MC. ? MD. ? ME. ? MF. ? MG. ? MH. ? MI. ? MJ. ? MK. ? ML. ? MN. ? MO. ? MP. ? MQ. ? MR. ? MS. ? MT. ? MU. ? MV. ? MW. ? MX. ? MY. ? MZ. ? NA. ? NB. ? NC. ? ND. ? NE. ? NF. ? NG. ? NH. ? NI. ? NJ. ? NK. ? NL. ? NM. ? NN. ? NO. ? NP. ? NQ. ? NR. ? NS. ? NT. ? NU. ? NV. ? NW. ? NX. ? NY. ? NZ. ? OA. ? OB. ? OC. ? OD. ? OE. ? OF. ? OG. ? OH. ? OI. ? OJ. ? OK. ? OL. ? OM. ? ON. ? OO. ? OP. ? OQ. ? OR. ? OS. ? OT. ? OU. ? OV. ? OW. ? OX. ? OY. ? OZ. ? PA. ? PB. ? PC. ? PD. ? PE. ? PF. ? PG. ? PH. ? PI. ? PJ. ? PK. ? PL. ? PM. ? PN. ? PO. ? PP. ? PQ. ? PR. ? PS. ? PT. ? PU. ? PV. ? PW. ? PX. ? PY. ? PZ. ? QA. ? QB. ? QC. ? QD. ? QE. ? QF. ? QG. ? QH. ? QI. ? QJ. ? QK. ? QL. ? QM. ? QN. ? QO. ? QP. ? QQ. ? QR. ? QS. ? QT. ? QU. ? QV. ? QW. ? QX. ? QY. ? QZ. ? RA. ? RB. ? RC. ? RD. ? RE. ? RF. ? RG. ? RH. ? RI. ? RJ. ? RK. ? RL. ? RM. ? RN. ? RO. ? RP. ? RQ. ? RR. ? RS. ? RT. ? RU. ? RV. ? RW. ? RX. ? RY. ? RZ. ? SA. ? SB. ? SC. ? SD. ? SE. ? SF. ? SG. ? SH. ? SI. ? SJ. ? SK. ? SL. ? SM. ? SN. ? SO. ? SP. ? SQ. ? SR. ? SS. ? ST. ? SU. ? SV. ? SW. ? SX. ? SY. ? SZ. ? TA. ? TB. ? TC. ? TD. ? TE. ? TF. ? TG. ? TH. ? TI. ? TJ. ?					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-500

53 11643

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11643

1. NAME OF DECEASED (Type or Print) <i>Florence Cohen</i>			2. DATE OF DEATH <i>Dec. 31/1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Ord 4</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. <i>33</i> Mos. <i>5</i> Days <i>5</i>			D. STREET ADDRESS (If rural, give location) <i>305 Lennox Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9-19-1889</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months: <i>0</i> Days: <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Towson Md</i>
13. FATHER'S NAME <i>Louis E. Davis</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			14. MOTHER'S MAIDEN NAME <i>Annie Cook</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Anteural Vascular Accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 wks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(A) DUE TO		
(B) DUE TO		
(C) DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>7</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. <input type="checkbox"/> n. <input type="checkbox"/>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/7</i> , 19 <i>53</i> to <i>12/31</i> , 19 <i>53</i> that I last saw the deceased alive on <i>12/31</i> , 19 <i>53</i> and that death occurred at <i>10:50</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. S. Matheson</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>12-2-54</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan. 5, 1954</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pleasant Rest Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Towson Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 5 - 1954</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Mr. Walter R. Williams</i>	ADDRESS <i>9 Schrock St</i>



NOTE 10

STATE OF NEW YORK

DATE 10





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-630  
53 11644BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11644  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ida Howard

2. DATE  
OF  
DEATH

12/31/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1205 Ashland Ave.

C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1205 Ashland Ave.

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1896

9. AGE (In years,  
last birthday)

57

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Oliver Chambers

14. MOTHER'S MAIDEN NAME

Anna Bell Chambers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

ADDRESS

Viola 1205 Ashland Ave

18. 199.9

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Malnutrition

DUE TO

6 mos.

## ANTECEDENT CAUSES

(B) Carcinomatosis

DUE TO

2 + yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1953, to 12/31, 1953 that I last saw the  
deceased alive on 12/30, 1953, and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Hunter Grant

M. O.

23B. ADDRESS

601 N. Carrollton

23C. DATE SIGNED

12/31/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1-6-54

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Brooklyn Md

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 6 1954

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Clayton Wilson 1000 Brantley

ADDRESS

VS 150

PL 1-1000

4272

L-563

53 11645

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11645

BIRTH NO. 53-27241

1. NAME OF DECEASED  
(Type or Print)

Infant of Shirley Leonard

(327857)

2. DATE  
OF  
DEATH

November 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

(If outside corporate limits, write RURAL and give township)

FULL NAME OF  
HOSPITAL OR  
INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1031 North Carey Street - 17

c. Length of stay in Baltimore

Infant

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

November 5, 1953

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

12 25

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Augustus Leonard

14. MOTHER'S MAIDEN NAME

Shirley Coombs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 761.5

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 5, 1953, to November 5, 1953 that I last saw the  
deceased alive on November 5, 1953, and that death occurred at 6.00 P., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

11/10/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

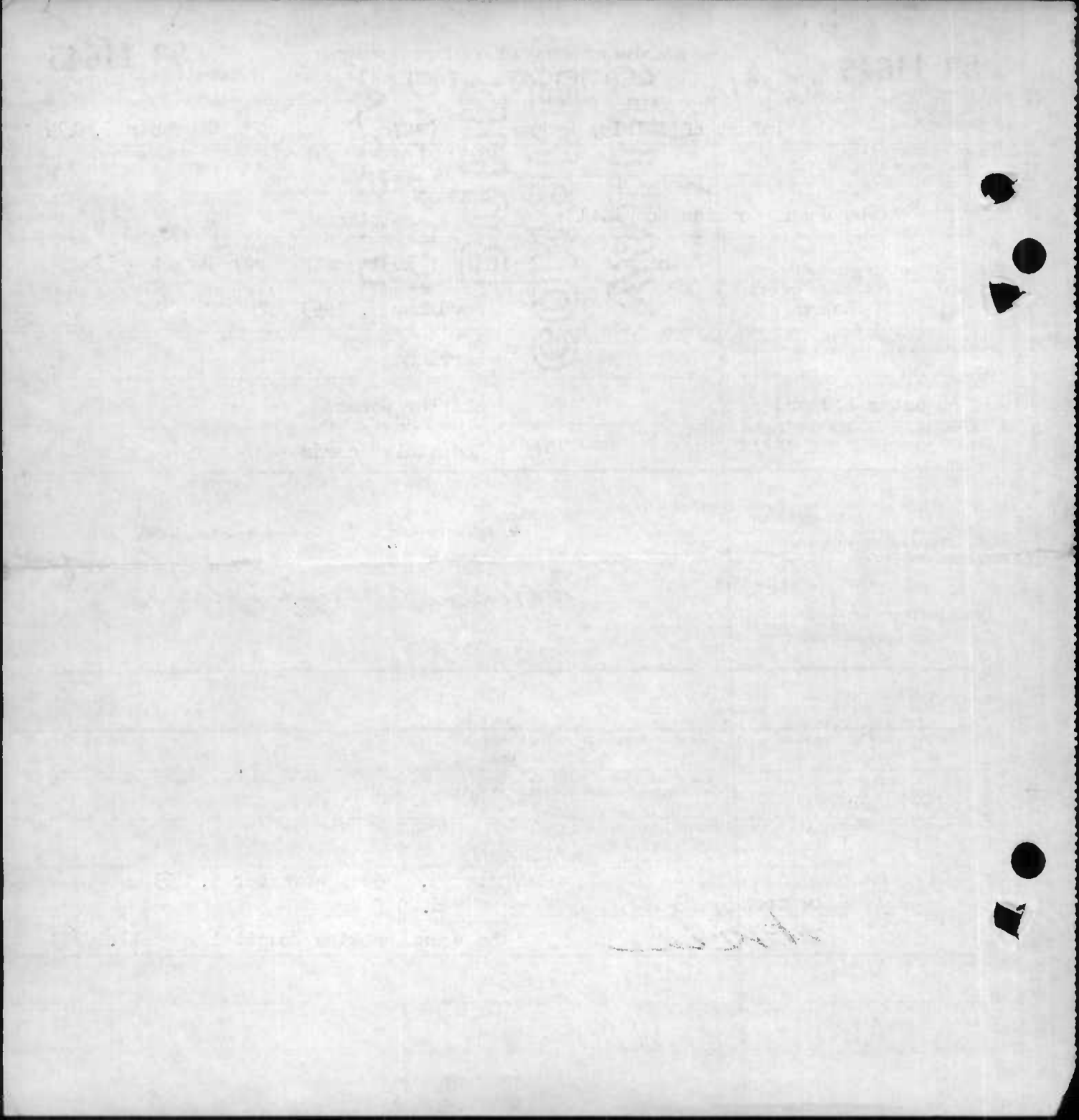
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 1954

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**G-125**  
**MAF-178041**  
**53 11646**  
 BIRTH NO. **53-32523**

**BALTIMORE CITY HEALTH DEPARTMENT**  
**CERTIFICATE OF DEATH**

**53 11646**  
 Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Baby Girl Gibson</b>		2. DATE OF DEATH <b>Dec. 25, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>1034 N. Stockton St. #17</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 24, 1953</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>4</b> Months <b>4</b> Days <b>33</b> Min.
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Roland Gibson</b>		14. MOTHER'S MAIDEN NAME <b>Edith Taylor</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>B. C. H. 4940 Eastern Ave. (records)</b>		ADDRESS	
18. <b>560.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Diaphragmatic hernia</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Congenital Heart Disease</b> DUE TO <b>Subdural hematoma</b> DUE TO <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>2</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>12-24</b> , 1953 to <b>12-25</b> , 1953, that I last saw the deceased alive on <b>12-25</b> , 1953, and that death occurred at <b>4 A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>H. J. [Signature]</b>		23B. ADDRESS <b>4940 Eastern Ave.</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremated</b>		24B. DATE <b>1-1-1954</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore City Hospitals</b>		24D. LOCATION (City, town, or county) (State) <b>4940 Eastern Ave., Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7 1954</b>		25. FUNERAL DIRECTOR ADDRESS	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*W* *K-400* *Case*  
**BALTIMORE CITY HEALTH DEPARTMENT**  
**CERTIFICATE OF DEATH**  
 53 11647 *Hospital Disposal* 53 11647 Registered No. *53 11647*

BIRTH NO. *53 11647*

1. NAME OF DECEASED (Type or Print) *Baby girl Kelly* 2. DATE OF DEATH *DEC 28 1953*

3. PLACE OF DEATH:  
 A. Baltimore City, Maryland *Emergency Room*  
 B. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
 A. STATE *MD*  
 C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) *Balto.*  
 D. STREET ADDRESS (If rural, give location) *2708 Riggs Ave.*

5. SEX *female* 6. COLOR OR RACE *Colored* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *S.*

8. DATE OF BIRTH *Dec-28-1953* 9. AGE (In years, last birthday) *new-born* 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) *Ma* 12. CITIZEN OF WHAT COUNTRY? *new born*

13. FATHER'S NAME *John Kelly* 14. MOTHER'S MAIDEN NAME *Milbred*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *762.0* CAUSE OF DEATH  
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
 (This does not mean the mode of dying, e. g. heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
 ANTECEDENT CAUSES  
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
 II  
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) *Unknown* DUE TO  
 (B) *Non Penetration of lungs* DUE TO  
 (C) *Atelectasis of Lungs*

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? *38748*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? *2/19/54*

22. I hereby certify that I attended the deceased from 19\_\_ to 19\_\_, that I last saw the deceased alive on *12-28-1953*, and that death occurred at *6:00 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Shea* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY *St. Joseph* 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *JAN 7 - 1954* REGISTRAR'S SIGNATURE *William Williams, Jr.* 25. FUNERAL DIRECTOR ADDRESS

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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 53 11648

BIRTH NO. 53 11648 53-30957 CERTIFICATE OF DEATH

1. NAME OF DECEASED  
(Type or Print)

Infant of Annie Johnson

2. DATE  
OF  
DEATH

December 3, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2422 Barclay Street - 18

6. Length of stay in Baltimore

Infant

Yrs.  
Mos.  
Days

7. SEX

Male

8. COLOR OR RACE

Negro

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

10. DATE OF BIRTH

December 3, 1953

11. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

9 20

12A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)12B. KIND OF BUSINESS OR  
INDUSTRY

13. BIRTHPLACE (State or foreign country)

Maryland

14. CITIZEN OF  
WHAT COUNTRY?

15. FATHER'S NAME

Henry Johnson

16. MOTHER'S MAIDEN NAME

Annie Stewart

17. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)18. SOCIAL  
SECURITY NO.

19. INFORMANT

Hospital Records

ADDRESS

18. 762.5

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary atelectasis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Immaturity

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3rd, 1953, to Dec. 3rd, 1953 that I last saw the  
deceased alive on Dec. 3rd, 1953, and that death occurred at 11.00A., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

12/21/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

84817 00

84817 00

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84817 00



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 11649

BIRTH NO. 53 11649 53-31399

1. NAME OF DECEASED  
(Type or Print)

Infant of Lelia Harrison

(385058)

2. DATE  
OF  
DEATH

December 21, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1216 North Broadway

5. Length of stay in Baltimore

Infant

Yrs.  
Mos.  
Days

6. SEX

Female

7. COLOR OR RACE

Negro

8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

9. DATE OF BIRTH

December 21, 1953

10. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Mjn.

3 59

11A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)11B. KIND OF BUSINESS OR  
INDUSTRY

12. BIRTHPLACE (State or foreign country)

Maryland

13. CITIZEN OF  
WHAT COUNTRY?

14. FATHER'S NAME

Jerome Harrison

15. MOTHER'S MAIDEN NAME

Lelia Moody

16. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)17. SOCIAL  
SECURITY NO.

18. INFORMANT

Hospital Records

ADDRESS

19. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1953 to Dec. 21, 1953 that I last saw the  
deceased alive on Dec. 21, 1953 and that death occurred at 9.00 A., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

12/24/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

01011 PC

01011 PC





R-660  
53 11650BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11650

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Earl Pohrer

2. DATE  
OF  
DEATH

12-31-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

South Baltimore Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

214 Sharpe Street S.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

July 7, 1896

9. AGE (in years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sta. Fireman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Harry Pohrer

14. MOTHER'S MAIDEN NAME

Clara Leatherman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn Kraus, 7007 Railway Ave. Dundalk

18.

581.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Influent Bronchopneumonia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Fatty Infiltration of liver

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy hereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William H. H. H.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
12-31-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/9/54

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 8 - 1954

Wm. Cook, Inc., 1217 B. Paul St.

DEPT. 22

HALETHUR CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

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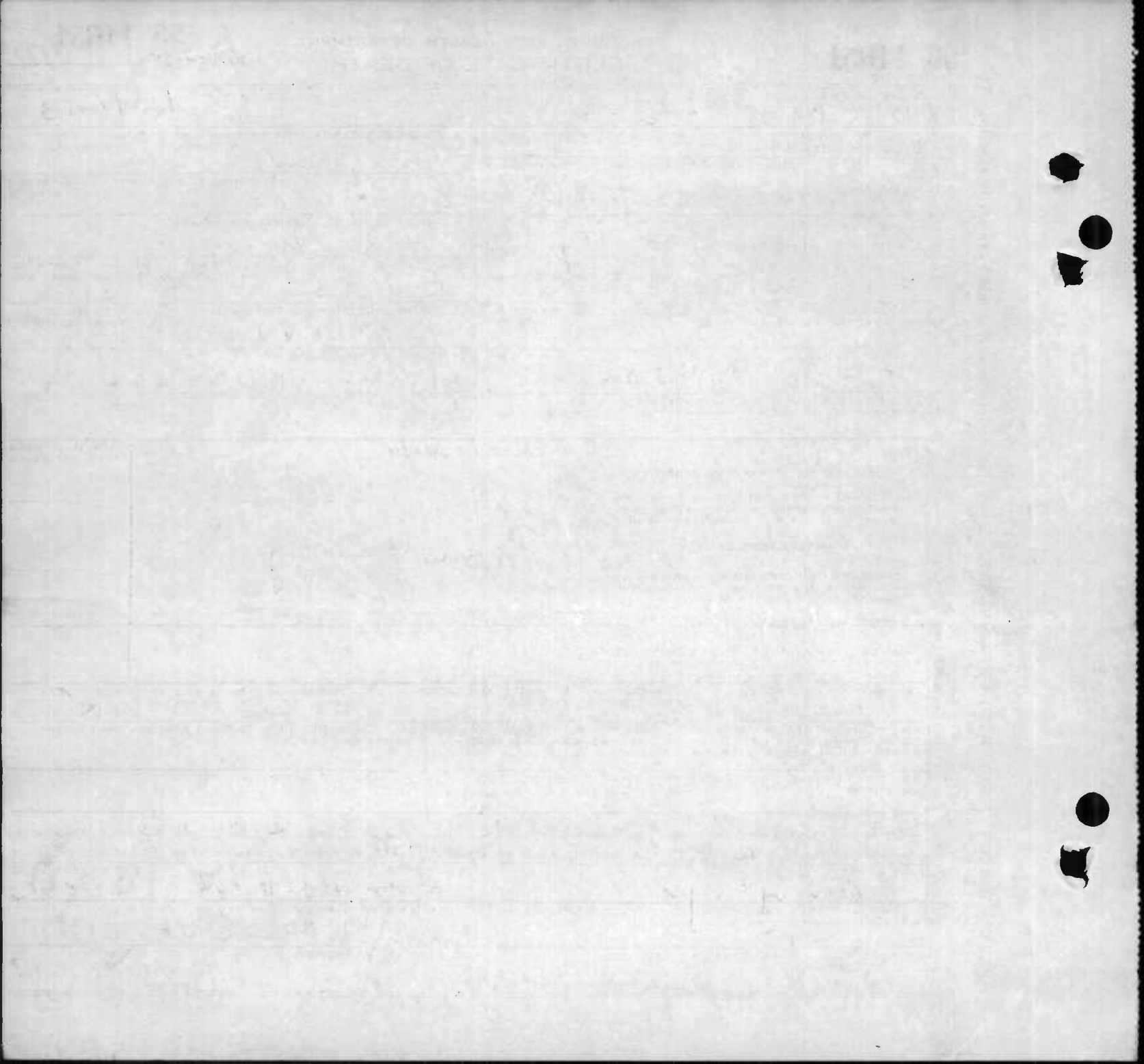


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-620  
53 11651-31456BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11651  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>BARBY AYERS</b>		2. DATE OF DEATH <b>12-14-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>X</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinai Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 26-03</b>	
c. Length of stay in Baltimore <b>3 days</b>		D. STREET ADDRESS (If rural, give location) <b>4220 Clareway #13</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>12-10-53</b>
9. AGE (In years last birthday) <b>3</b>		10. Under 1 Year Months: <b>3</b> Days: <b>3</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Thomas AYERS</b>		14. MOTHER'S MAIDEN NAME <b>AEMMA CLINNING HAM</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>(Yes, no or unknown)</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. <b>776X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Prematurity</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>✓</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-10-53</b> , to <b>12-14</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-14</b> , 19 <b>53</b> , and that death occurred at <b>7:30 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Leon Cytryn</b>		23B. ADDRESS <b>Sinai Hospital</b>	
23C. DATE SIGNED <b>12-14-53</b>		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) <b>JOHN HOPKINS MEDICAL SCHOOL, DEC. 30, 1958</b>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR		ADDRESS <b>Huntington Williams</b>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11652

BIRTH NO. 53 11652 3-81451

1. NAME OF DECEASED (Type or Print) <b>Baley Boy Coberly</b>			2. DATE OF DEATH <b>12/23/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Swai Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 2-03</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1907 Aliceanna St.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH		9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <b>Ray Harley Coberly</b>			14. MOTHER'S MAIDEN NAME <b>Ruby McDannels</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <b>776X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Prematurity</b> (A) DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>12/23, 1953</b> to <b>12/23, 1953</b> that I last saw the deceased alive on <b>12/23, 1953</b> and that death occurred at <b>10 PM</b> m., from the causes and on the date stated above.								
23A. SIGNATURE <b>Loring Kramer MD</b>			23B. ADDRESS <b>Swai Hosp.</b>			23C. DATE SIGNED <b>12/28/53</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
24D. LOCATION (City, town, or county)			24E. FUNERAL DIRECTOR			24F. ADDRESS		
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1954</b>			REGISTRAR'S SIGNATURE <b>Harold W. Williams</b>			25. FUNERAL DIRECTOR <b>Thurston Williams</b>		

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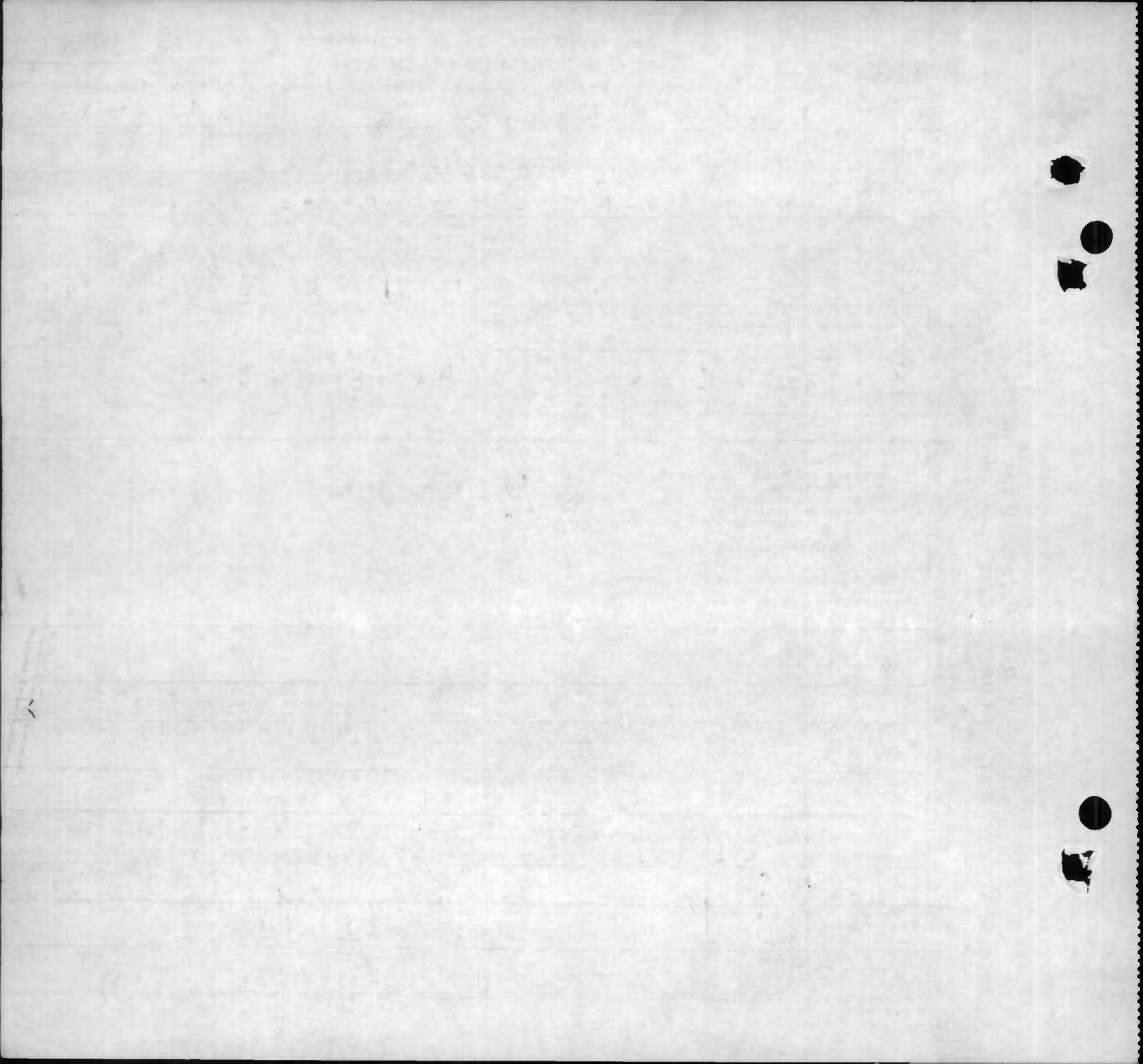


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-463  
58 116535-3-31317BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH58 11653  
Registered No.

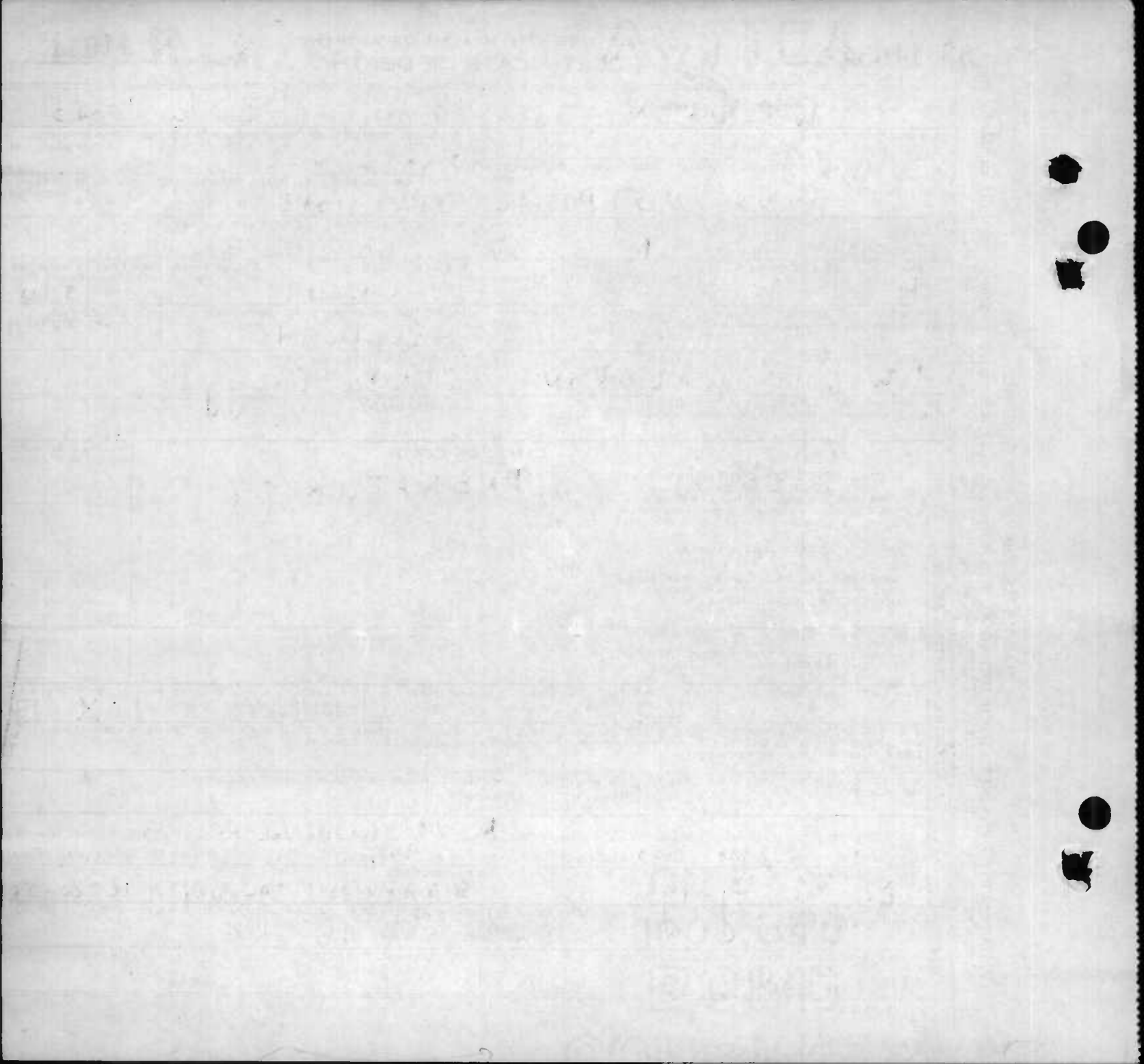
1. NAME OF DECEASED (Type or Print) <b>BABY BOY DILLARD</b>		2. DATE OF DEATH <b>12-21-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>422 SINAI HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 7-04</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1816 Ashland Ave. #5</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	B. DATE OF BIRTH <b>12-21-53</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min. <b>2 20</b>
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>GORDON DILLARD</b>		14. MOTHER'S MAIDEN NAME <b>ARTIE DILLARD</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. <b>726X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>PREMATURITY</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <b>12-21</b> , 19 <b>53</b> , to <b>12-21</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-21</b> , 19 <b>53</b> , and that death occurred at <b>2:10 p. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Leon G. Gryn</b>		23B. ADDRESS <b>Sinai Hospital</b>	23C. DATE SIGNED <b>12-21-53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>JOHN HOPKINS MEDICAL SCHOOL</b>	24D. LOCATION (City, town, or county) (State) <b>DEC 30, 1958</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1954</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Huntington Williams</b>



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT		53 11654	
CERTIFICATE OF DEATH		Registered No.	
BIRTH NO. 53-31286		53 11654	
1. NAME OF DECEASED (Type or Print) WALDRON Baby Boy		2. DATE OF DEATH 12-20-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY X	
B. FULL NAME OF HOSPITAL OR INSTITUTION 42 SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-34	
c. Length of stay in Baltimore 1 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4831 Orville Avenue #5	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 12-20-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 12 Under 1 Year Months: Days: 3 18
13. FATHER'S NAME DWIGHT WALDRON		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Clara Cruggs	
17. INFORMANT		ADDRESS	
18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH PREMATUREITY	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-20, 1953, to 12-20, 1953, that I last saw the deceased alive on 12-20, 1953, and that death occurred at 9:55 p. m., from the causes and on the date stated above.			
23A. SIGNATURE Dr. Leon Cytryn		23B. ADDRESS SINAI HOSPITAL BALTO	
24A. BURIAL, CREMATION, REMOVAL (Specify)		23C. DATE SIGNED 12-20-53	
24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL DEC 30, 1953	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR	
DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1954		REGISTRAR'S SIGNATURE	
VS 150		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11655  
Registered No.H-620  
53 11655

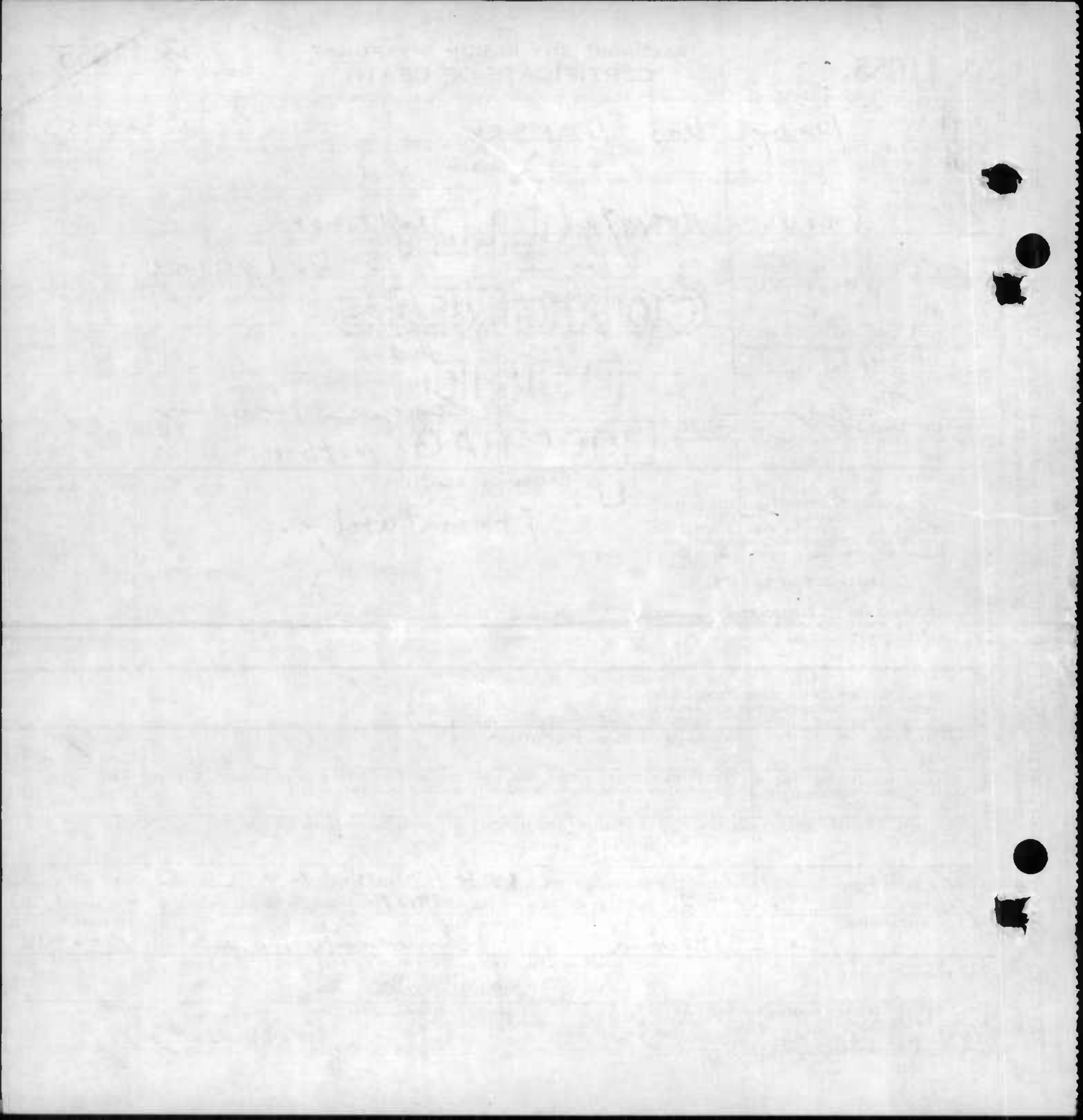
BIRTH NO.

53-32076

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Hersey</i>			2. DATE OF DEATH 12-29-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Univ. Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-02</i>		
c. Length of stay in Baltimore Yrs. <i>4 hrs</i> Mos. <i>4</i> Days			D. STREET ADDRESS (If rural, give location) <i>535 Dolphin</i>		
6. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>12-29-53</i>		9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min. <i>4</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child.</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Leggie Hersey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mother</i> ADDRESS

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>prematurity.</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		(C) DUE TO		

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6:04 12-29 1953</i> , to <i>12-29 1953</i> , that I last saw the deceased alive on <i>10:15 12-29 1953</i> , and that death occurred at <i>10:15 Pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W L Heimer</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12-29-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL JAN 1954</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Huntington Williams, Jr.</i>		ADDRESS <i>Huntington Williams, Jr.</i>	





B-650

CITY 013 POTAL

53 11656

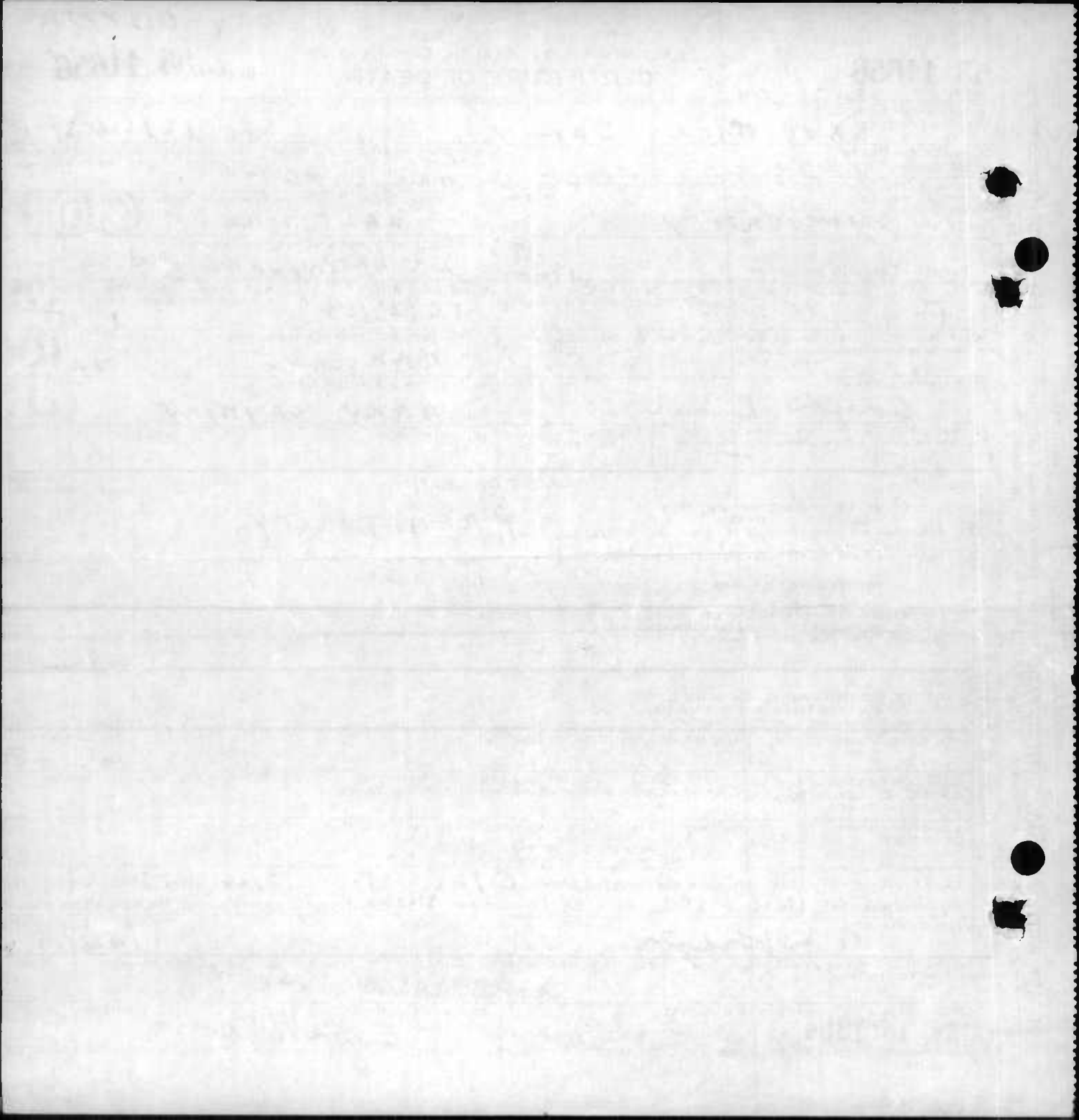
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 11656

1. NAME OF DECEASED (Type or Print) <b>BABY GIRL BROWN</b>			2. DATE OF DEATH <b>12/26/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b> <b>53-00</b>		
c. Length of stay in Baltimore Yrs. <b>1 1/2</b> Mos. Days			D. STREET ADDRESS (If rural, give location) <b>25 LANBURN RD.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>12/24/53</b>	9. AGE (in years last birthday)	10. Under 1 Year Months: Days <b>1 15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Joseph Brown</b>			14. MOTHER'S MAIDEN NAME <b>MARY RAYMOND</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <b>776X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>PNEUMONIA</b>	CAUSE OF DEATH <b>PNEUMONIA</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12/24</b> , 19 <b>53</b> , to <b>12/26</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12/24</b> , 19 <b>53</b> , and that death occurred at <b>9:00 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. H. Kruger</b>		23b. ADDRESS M. D.		23c. DATE SIGNED <b>12/26/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
				24d. LOCATION (City, town, or county) (State) <b>JAN. 5, 1954</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1954</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Huntington Williams</b>	



CITY DUPICAL

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 11657

BIRTH NO. 53-31217

1. NAME OF DECEASED  
(Type or Print)

BABY BOY SMART

2. DATE  
OF  
DEATH

12/23/53

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MD

D. STREET ADDRESS (If rural, give location)

217 N. Calver St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

2 Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

12/20/53

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days

2

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Smart

14. MOTHER'S MAIDEN NAME

Annie Mae Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

PRENATALITY

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1953, to 12/23, 1953, that I last saw the  
deceased alive on 12/23, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Kiger M.D.

M.D.

23B. ADDRESS

UNIVERSITY HOSP

23C. DATE SIGNED

12/23/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

1954

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 10 1954

Huntington Williams

Huntington Williams

VS 150

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

ED 65743

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-95515 R-200 53 11658 BIRTH NO.		CERTIFICATE CORRECTED 1/14/54. ES 11658		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11658 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>John Ross</b>				2. DATE OF DEATH <b>Dec. 18-1953</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
C. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>Baltimore City Hospitals-4940 Eastern Ave.</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 6-1869</b>	9. AGE (In years last birthday) <b>84</b>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME <b>William Ross</b>			
14. MOTHER'S MAIDEN NAME <b>Elizabeth Hamilton</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.				17. INFORMANT <b>4940 Eastern Ave. Records: Baltimore City Hospitals</b>			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Pulmonary Disease- possible Tuberculosis</b>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic bronchitis, emphysema - non-specific pulmonary disease</b>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>8-18-1945</b> , to <b>12-18-1953</b> that I last saw the deceased alive on <b>12-18-1953</b> , and that death occurred at <b>12.45AM</b> from the causes and on the date stated above.							
23A. SIGNATURE <i>John Ross</i>				23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>		23C. DATE SIGNED <b>Dec. 18-1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1954</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Jr.</i>		ADDRESS	
VS 150							

UNIVERSITY MEDICAL SCHOOL DEC. 30. 1953

See memo in Document file re this case.

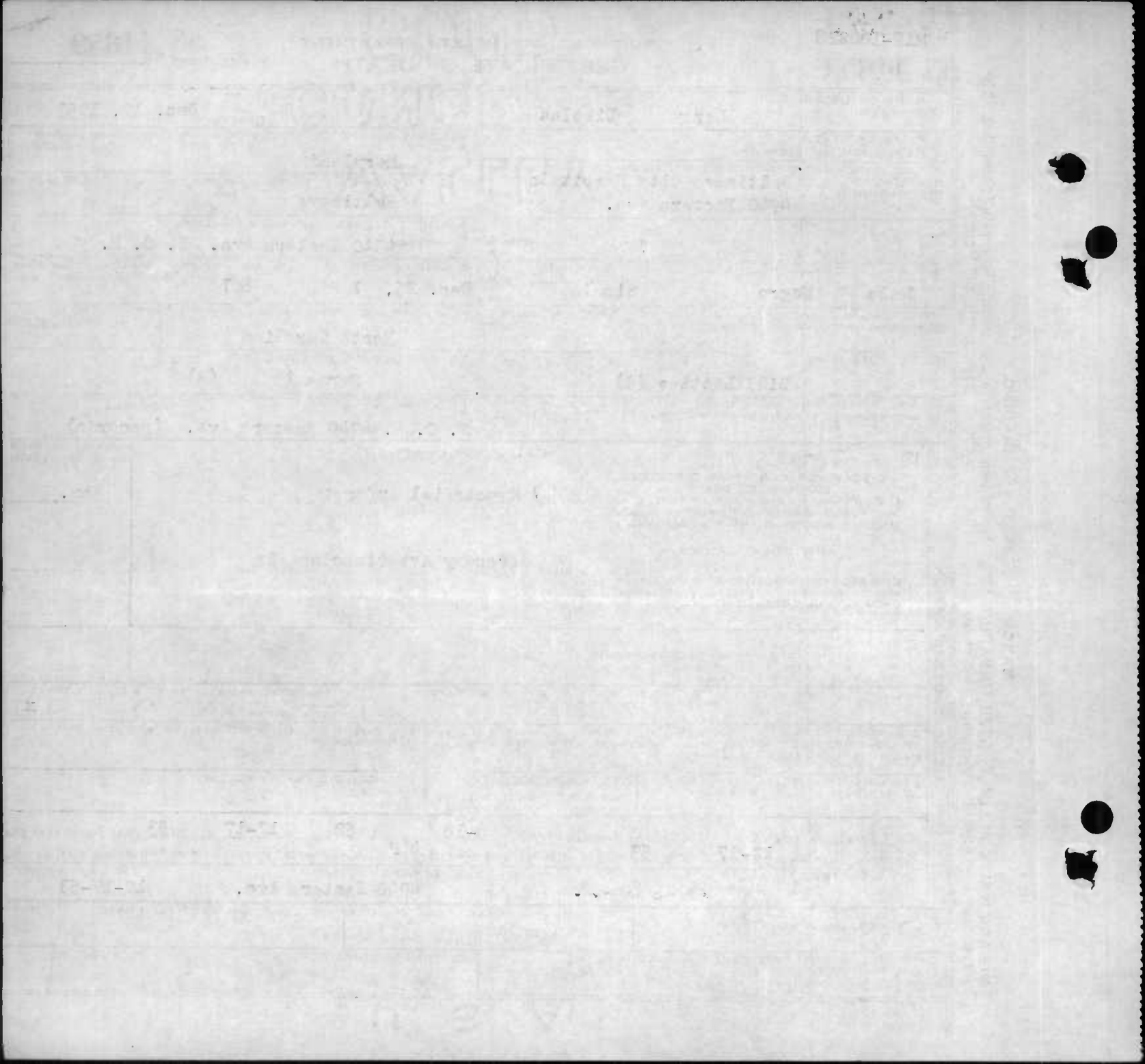
Investigation by Dr. C. Silverman, Dir Bu of TBC - BCHD  
with Baltimore City Hospital.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-342 MAF-160228 53 11659		11659 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11659 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Leroy Littles				2. DATE OF DEATH Dec. 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2672	
C. Length of stay in Baltimore ? Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave. B. C. H.	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 25, ?	9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME Bill Littles (d)				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Sarah ? (d)	
17. INFORMANT B. C. H.				ADDRESS 4940 Eastern Ave. (records)	
18. 420.1 CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) ? Myocardial Infarct DUE TO					1 hr.
ANTECEDENT CAUSES (B) Coronary Arteriosclerosis DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-18, 1952 to 12-17, 1953, that I last saw the deceased alive on 12-17, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.					
23A. SIGNATURE H. Johnston				23B. ADDRESS 4940 Eastern Ave.	
24A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (City, town, or county) (State) UNIVERSITY MEDICAL SCHOOL DEC 30, 1953	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15-1163 AB-115003 53 11660 BIRTH NO.		11660 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11660 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>Andrew Robertson</b>			2. DATE OF DEATH <b>Dec. 19-1953</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>4940 Eastern Ave. Baltimore City Hospitals</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 10-1882</b>		9. AGE (In years last birthday) <b>71</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>Charles Robertson</b>		
14. MOTHER'S MAIDEN NAME <b>Matilda Long</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>4940 Eastern Ave. Records: Baltimore City Hospitals</b>		
18. <b>502.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Emphysema : Bronchitis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. HOW DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>11-4</b> , 19 <b>47</b> , to <b>12-19</b> , 19 <b>53</b> that I last saw the deceased alive on <b>12-19</b> , 19 <b>53</b> , and that death occurred at <b>3.40AM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. John Doe</i>		23B. ADDRESS <b>4940 Eastern Ave., Balto., Md.</b>		23C. DATE SIGNED <b>12-19-1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. DATE <b>DEC 30 1953</b>		24F. ADDRESS	
25. FUNERAL DIRECTOR		25A. REGISTRAR'S SIGNATURE <i>H. John Doe</i>		25B. ADDRESS	
25C. DATE <b>JAN 10 1954</b>		25D. REGISTRAR'S SIGNATURE <i>H. John Doe</i>		25E. ADDRESS	

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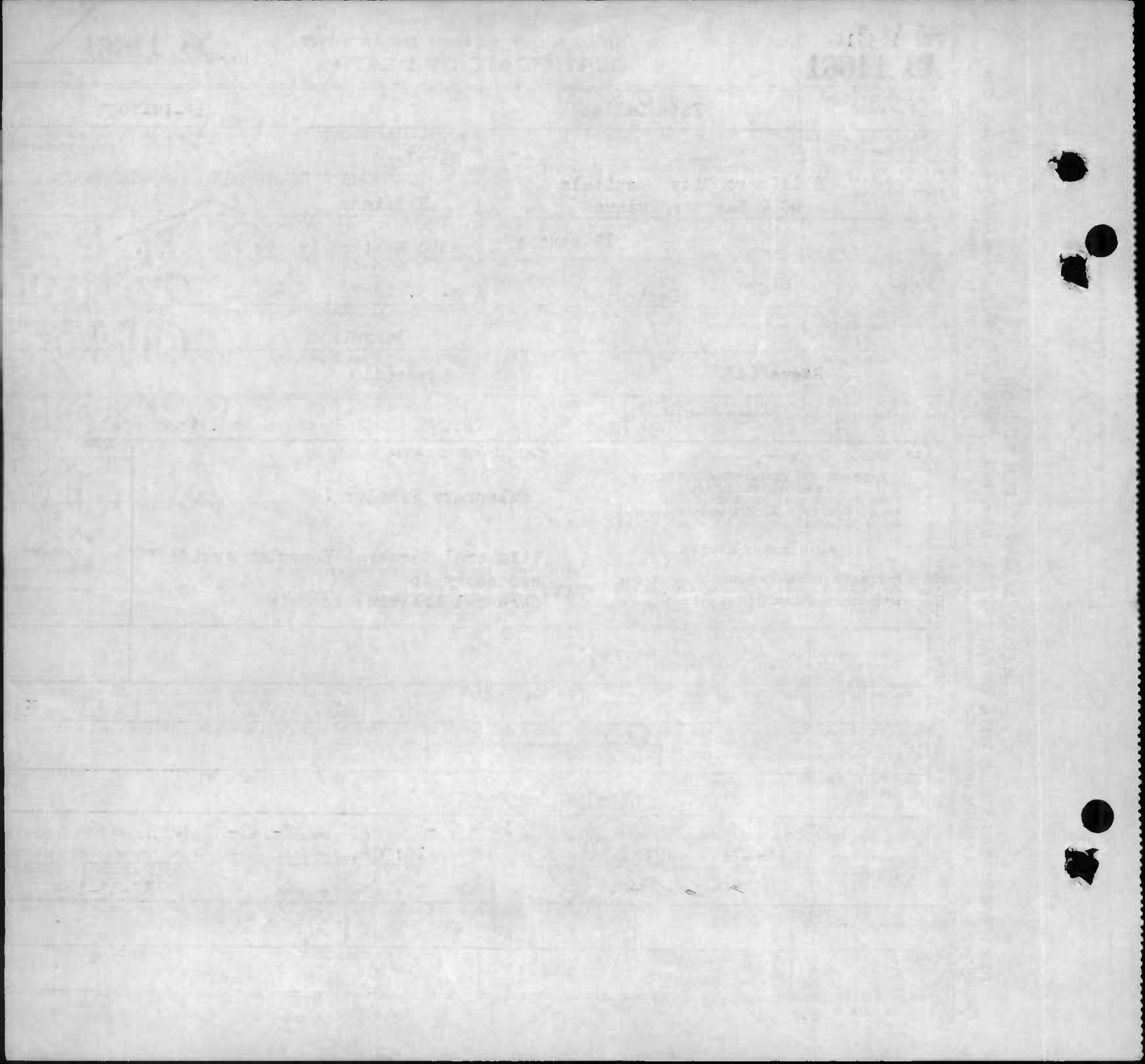
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-420 FVJ 165714 53 11661 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11661 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>Fate Dallas</b>			2. DATE OF DEATH <b>12-13-1953</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-12</b>		
c. Length of stay in Baltimore <b>19 months</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4940 Eastern Avenue #24 B.C.H.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>Aug. 3, 1887</b>	9. AGE (In years last birthday) <b>66</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Georgia</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Steve (d)</b>			14. MOTHER'S MAIDEN NAME <b>Agnes(d)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>B.C.H. 4940 Eastern Ave. (records)</b>		
18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Embolus ?</b> DUE TO <b>Antecedent Causes</b> <b>Bilateral Cerebral Vascular Accident secondary to Cerebral Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-9-</b> , 19 <b>52</b> , to <b>12-13-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-13-</b> , 19 <b>53</b> , and that death occurred at <b>10:50 Pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Huntington Williams</i>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>12-13-1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <b>UNIVERSITY MEDICAL SCHOOL DEC 30, 1953</b>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams</i>	

JAN 10 1954  
VS 150







W-325 CERTIFICATE CORRECTED

1-15-51

BALTIMORE CITY HEALTH DEPARTMENT

53-11662 Registered No. 53-11662

## 53-11662-25353 CERTIFICATE OF DEATH

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>NORA ELLEN WATKINS</b>		2. DATE OF DEATH <b>December 31, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Morgue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>16-01</b>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1042 Stockton Street</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>U Oct. 15, 1953</b>		9. AGE (In years last birthday) <b>2</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>K Baltimore, Md.</b>	
13. FATHER'S NAME <b>James Edgar Watkins</b>		14. MOTHER'S MAIDEN NAME <b>Julia Priscilla Brown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>W</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>N</b>	
18. <b>492x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Interstitial pneumonia</b> (A) <b>INTERSTITIAL PNEUMONIA</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>Malnutrition</b>		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William S. Brown</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Dec. 31, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>cremated</b>	24B. DATE <b>1-8-54</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Morgue</b>	24D. LOCATION (City, town, or county) (State) <b>700 Fleet St. Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>13 1954</b>		REGISTRAR'S SIGNATURE <b>William S. Brown</b>		25. FUNERAL DIRECTOR <b>82 S. 4th St. Md.</b>	

1924

CERTIFICATE OF DEATH



# CERTIFICATE CORRECTED 1-15-54

## BALTIMORE CITY HEALTH DEPARTMENT

53-11663  
Registered No.

53-11663 53-20963  
BIRTH NO. 53-20963  
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) <b>Cephus Graham STEVENS</b>			2. DATE OF DEATH <b>12-26-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>25-32</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore Ave. No. 163</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Cherry Hill</b>		
D. STREET ADDRESS (If rural, give location) <b>SPELMAN RD</b> <b>2605 Thelman Court</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>U Sept. 1, 1953</b>		9. AGE (In years last birthday) Months: Days: Hours: Min. <b>4</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>N Child</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>K Baltimore, Md.</b>	
13. FATHER'S NAME <b>N Vernon Stevens</b>			14. MOTHER'S MAIDEN NAME <b>O Hattie Banks</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>W</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>N</b>	

18. **754.4**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH  
(A) **Coronary Heart Disease**  
DUE TO

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Malnutrition**  
DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE  
**William H. Williams**

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....  
12-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**buried**

24B. DATE  
**1-8-54**

24C. NAME OF CEMETERY OR CREMATORY  
**Morgue**

24D. LOCATION (City, town, or county) (State)  
**700 2nd St. N. D.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE  
**William H. Williams**

25. FUNERAL DIRECTOR

ADDRESS

11563

11563



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53-11664  
Registered No. 53-11664

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Infant of Marie Weaver

(646705)

2. DATE  
OF  
DEATH

December 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1830 North Durham Street - 13

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

December 25, 1953

9. AGE (In years  
last birthday)

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Weaver

14. MOTHER'S MAIDEN NAME

Marie Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 25, 1953, to Dec. 25, 1953 that I last saw the deceased alive on Dec. 25, 1953 and that death occurred at 12.27 P., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

12/29/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

11001

11001





CERTIFICATE CORRECTED

1-14-54

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. **53-11665****53-11665**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**ETTA CAUTHORNE**2. DATE  
OF  
DEATH**1-1-54**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

**Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION**1024 Vine St.**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Balto.**

D. STREET ADDRESS (If rural, give location)

**1024 Vine St.**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Female Colored**

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**Aug. 5 1908**

9. AGE (In years

last birthday)

**45**

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Essex Co. Va.**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Joseph Seager**

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**No.**16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Milder clark 1024 Vine St.**18. **443X**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

**Cerebral Thrombosis**

DUE TO

**Hypertensive Cardio-  
Vascular Disease**

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. F. Fisher**

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**1-1-54**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**Jan. 5, 1954**

24C. NAME OF CEMETERY OR CREMATORY

**Mt. Auburn C. Cem.**

24D. LOCATION (City, town, or county)

**Balto. Md.**DATE RECEIVED BY  
LOCAL REGISTRAR**JAN 4 - 1954**

REGISTRAR'S SIGNATURE

**Huntington Williams**

25. FUNERAL DIRECTOR

**Ms. Kate R. Williams**ADDRESS **322 N****Schroeder St**

1. The first part of the report is a general description of the project. It includes the title, the objectives, the scope, and the organization of the project. The title is "The Effect of Temperature on the Rate of Reaction of Hydrogen Peroxide with Potassium Iodate". The objectives are to determine the effect of temperature on the rate of reaction and to determine the activation energy of the reaction. The scope is limited to the reaction of hydrogen peroxide with potassium iodate in aqueous solution. The organization of the project is as follows: a general description of the project, a description of the experimental procedure, a description of the results, and a discussion of the results.

2. The second part of the report is a description of the experimental procedure. It includes the materials, the apparatus, and the procedure. The materials are hydrogen peroxide, potassium iodate, and sulfuric acid. The apparatus is a reaction flask, a thermometer, and a stopper. The procedure is as follows: a known volume of hydrogen peroxide is added to a known volume of potassium iodate in a reaction flask. The flask is then stoppered and the thermometer is inserted. The temperature is recorded at regular intervals and the reaction is stopped when the temperature has risen to a certain point.

3. The third part of the report is a description of the results. It includes the data, the graphs, and the calculations. The data are as follows:

Temperature (°C)	Time (min)
20	1.0
25	0.8
30	0.6
35	0.4
40	0.3

The graphs are as follows:

The calculations are as follows:

The activation energy (E) is calculated from the slope of the line in the graph of 1/t versus T. The slope is 0.05 min<sup>-1</sup>/°C. The activation energy is therefore 0.05 min<sup>-1</sup>/°C × 8.314 J/mol·K = 0.4157 J/mol.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED  
(Type or Print)

EDWARD J. HYMAN

2. DATE  
OF  
DEATH

December 20, 1953

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

714 W. Fayette Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (in years  
last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

W

16. SOCIAL  
SECURITY NO.

17. INFORMANT

N

ADDRESS

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Saratoga Street near Liberty Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

December 12, 1953

m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachims

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec. 21, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AN 151954

Huntington Williams

Huntington Williams

VS 151

js N803.2

11-268

11-268



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53-11667**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RALPH OLANDO HARRINGTON

2. DATE  
OF  
DEATH

December 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1608 Hollins Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1608 Hollins Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (in years  
last birthday)

55

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

W

16. SOCIAL  
SECURITY NO.

218-03-3723

17. INFORMANT

N

ADDRESS

18. 581.0 N

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fatty metamorphosis of liver

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph P. Jaskins

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Dec. 4, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

JAN, 8, 1954

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AN 151954

Huntington Williams

Huntington Williams

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-11887

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1965

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Occupation		Cause of Death	
Manner of Death		Signature of Physician	
Signature of Registrar		Signature of Coroner	
Signature of Medical Examiner		Signature of Police Officer	
Signature of Funeral Home		Signature of Burial Place	
Signature of Family		Signature of Witnesses	
Signature of Minister		Signature of Priest	
Signature of Rabbi		Signature of Imam	
Signature of Other		Signature of Other	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF-177877

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53-11668**BIRTH NO. **53-11668**1. NAME OF DECEASED  
(Type or Print)**Ethel Johnson**2. DATE  
OF  
DEATH**Dec. 23, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION**Baltimore City Hospitals**

INSTITUTION

**4940 Eastern Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1301 Linden Ave.**

c. Length of stay in Baltimore

5. SEX

**Female**

6. COLOR OR RACE

**Wh**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Unknown**

8. DATE OF BIRTH

**Unknown**

9. AGE (In years last birthday)

**65**If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Unknown**

10B. KIND OF BUSINESS OR INDUSTRY

**Unknown**

11. BIRTHPLACE (State or foreign country)

**Unknown**12. CITIZEN OF  
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

**Unknown**

14. MOTHER'S MAIDEN NAME

**Unknown**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)**No**

16. SOCIAL SECURITY NO.

**No**

17. INFORMANT

**No**

ADDRESS

**B. C. H. 4940 Eastern Ave. (records)**18. **157X**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of head of Pancreas**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-19**, 19**53** to **12-23**, 19**53**, that I last saw the  
deceased alive on **12-23**, 19**53**, and that death occurred at **3 A** m., from the causes and on the date stated above.

23A. SIGNATURE

**H. J. Jones** M. D.

23B. ADDRESS

**4940 Eastern Ave.**

23C. DATE SIGNED

**12-23-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**Jan. 15-1954**

24C. NAME OF CEMETERY OR CREMATORY

**St Peter's Cemetery**

24D. LOCATION (City, town, or county)

**Baltimore - Md**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams**

25. FUNERAL DIRECTOR

**Earl B. Waberton Funeral Home, Inc**

ADDRESS

**403-E. 25<sup>th</sup> St, Baltimore-18, Md.**

JAN 15 1954

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 11669	
JL 111239				Registered No.	
53 11669					
1. NAME OF DECEASED (Type or Print) <b>George Pfeiffer</b>			2. DATE OF DEATH <b>Dec. 30, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>No home Address</b> <b>B. C. H. 4940 Eastern Ave.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 5, 1886</b>	9. AGE (In years last birthday) <b>67</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>John Pfeiffer</b>			14. MOTHER'S MAIDEN NAME <b>Eva Herle</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>B. C. H. records, 4940 Eastern Ave.</b>		
18. <b>150X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cancer, Inoperable, of esophagus</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			CAUSE OF DEATH <b>Cancer, Inoperable, of esophagus</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Senility Cachexia</b>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <b>11-18-53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Exploratory Thoracotomy</b> <b>Gastrostomy</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-7</b> , 19 <b>47</b> to <b>Jan. 30</b> , 1953, that I last saw the deceased alive on <b>Dec. 30</b> , 19 <b>53</b> , and that death occurred at <b>6.10AM</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Agnes R...</i>		23B. ADDRESS <b>4940 Eastern Ave.</b>		23C. DATE SIGNED <b>1-13-54</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <b>JOHN HOPKINS MEDICAL SCHOOL</b>	
				24D. LOCATION (City, town, or county) (State) <b>N. 14, 1954</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1954</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams</i>	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-534  
53-11670BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53-11670  
Registered No.

BIRTH NO

1. NAME OF DECEASED  
(Type or Print)

SAMUEL RANDOLPH.

2. DATE  
OF  
DEATH

DEC. 30, 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND.

B. COUNTY BALTIMORE.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION MONTEBELLO HOSPITAL.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE. 4-01D. STREET ADDRESS (If rural, give location)  
46 MARKET PLACE.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
WIDOWED.

8. DATE OF BIRTH

MAY 24, 1893.

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
NONE.10B. KIND OF BUSINESS OR  
INDUSTRY  
-

11. BIRTHPLACE (State or foreign country)

YORK, PA.

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

CHARLES, RANDOLPH.

14. MOTHER'S MAIDEN NAME

ADA PROWL.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORD.

18. 355X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) TERMINAL BRONCHOPNEUMONIA.

3 DAYS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) CORTICAL ATROPHY WIT PARESIS OF  
BOTH LEGS AND RIGHT ARM.

4 YEARS.

DUE TO

(C) MENTAL DETERIORATION.

4 YEARS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

FRACTURED RIBS LEFT.

2 MONTH.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If not in home, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?  
CHIEF OR ASST. MEDICAL EXAMINER.22. I hereby certify that I attended the deceased from 12/14, 1953 to 12/30, 1953, that I last saw the  
deceased alive on 12/30, 1953, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Rist

M. D.

23B. ADDRESS MONTEBELLO HOSPITAL  
HARFORD RD. BALTO, MD.

23C. DATE, SIGNED

12/30/1953.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HARRIS MEDICAL SCHOOL JAN. 4, 1954

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1954

J. H. Williams, Jr.







MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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5311671  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH  
53 11671  
Registered No.

BIRTH NO. 53-31717

1. NAME OF DECEASED (Type or Print) Baby Boy Tranello		2. DATE OF DEATH 12/27/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md 2-01	
C. Length of stay in Baltimore 1 hr 45 min		D. STREET ADDRESS (If rural, give location) 2039 E. Baltimore St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 12/27/53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Victory George Tranello		14. MOTHER'S MAIDEN NAME Jeanette Sylvia Olson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mother		ADDRESS Above	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 2	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12/27, 1953 to 12/27, 1953 that I last saw the deceased alive on 12/27, 1953 and that death occurred at 1:50 pm., from the causes and on the date stated above.		
23A. SIGNATURE D. W. Cramer	23B. ADDRESS Sinai Hosp.	23C. DATE SIGNED 12/28
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)	JOHN HOPKINS MEDICAL SCHOOL JAN 1954	
DATE RECEIVED BY LOCAL REGISTRAR JAN 20 1954	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.
ADDRESS		

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

3 11672

53 11672

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

PAULINE

MILLER

2. DATE  
OF  
DEATH

December 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

11-02

D. STREET ADDRESS (If rural, give location)

1437 N. Charles Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years  
last birthday)

48

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

W

16. SOCIAL  
SECURITY NO.

N

17. INFORMANT

N

ADDRESS

18. 490x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Lobar pneumonia

XXXXXX

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Fatty infiltration of the liver

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

Dec. 23, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JAN. 22, 1954

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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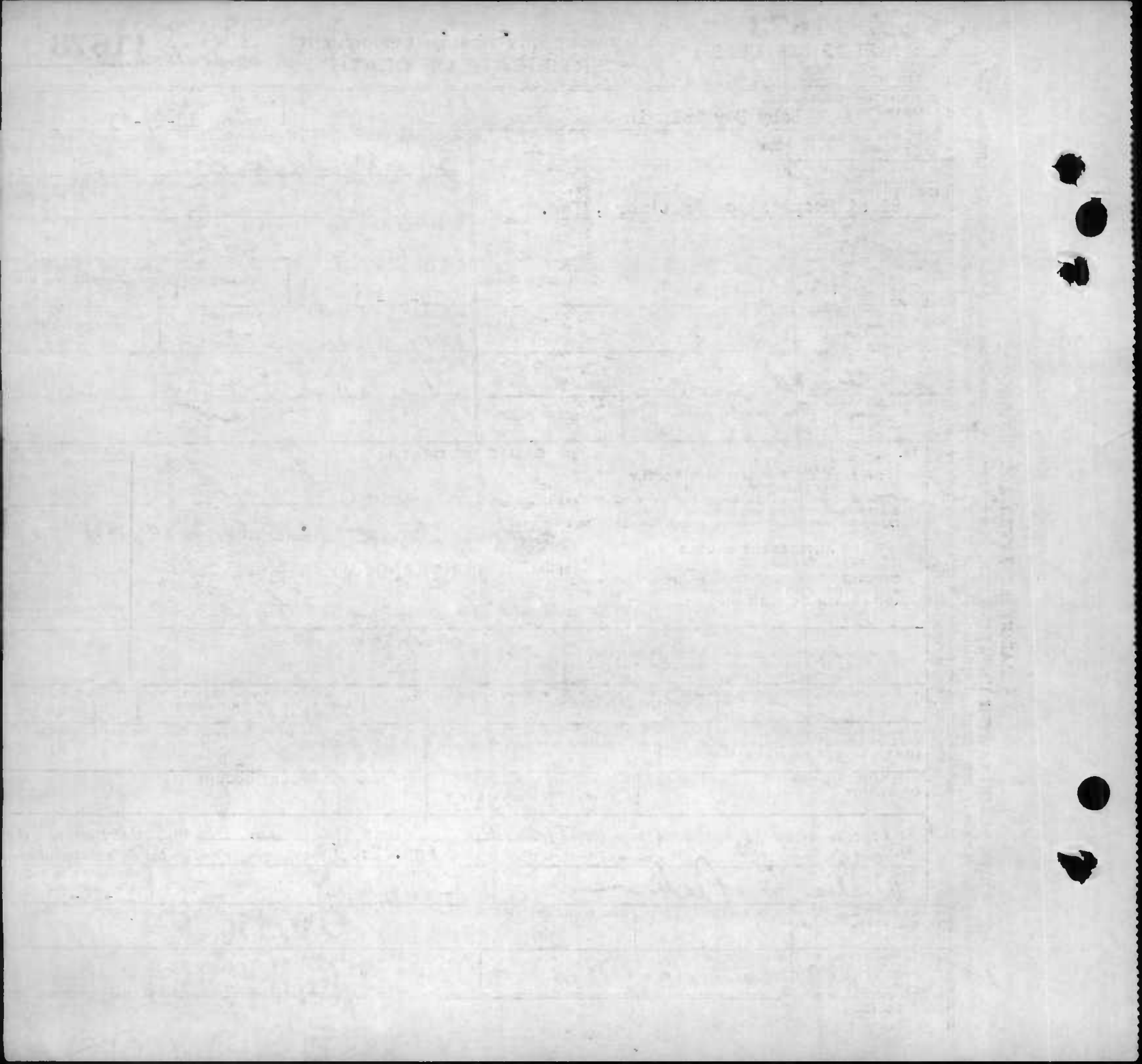
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B  
BANKRUPTCY COURT  
UNITED STATES OF AMERICA  
DISTRICT COURT OF SOUTHERN DISTRICT OF NEW YORK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53 11673 B-435		BALTIMORE CITY HEALTH DEPARTMENT		53 11673	
MEDICAL EXAMINERS		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO. CASE <i>Donker-baldwin</i>		1. NAME OF DECEASED (Type or Print) <i>Baby Boy Baldwin</i>		2. DATE OF DEATH <i>12-25-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Middle River # 20</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital of Baltimore, Inc.</i>		D. STREET ADDRESS (If rural, give location) <i>14 Center Section</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>12-21-53</i>	9. AGE (In years last birthday)	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>14 Center Section</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>Gerald Eugene Baldwin</i>		14. MOTHER'S MAIDEN NAME <i>Edna Pauline Shotkey</i>		17. INFORMANT ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Anoxia ?</i> DUE TO <i>Prematurity (Weight 2010 gms)</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) CERTIFICATION APPROVED BY <i>R. F. Fisher M.D.</i> CHIEF OR ASST. MEDICAL EXAMINER.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>DOA</i> , 19, to <i>DOA</i> , 19, that I last saw the deceased alive on <i>DOA</i> , 19, and that death occurred at <i>app. 12:05 am</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>William S. Parker</i>		23B. ADDRESS <i>SINAI HOSPITAL</i>		23C. DATE SIGNED <i>12-25-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL JAN, 19, 1954</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>Huntington Williams, M.D.</i>	





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 11674				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11674	
1. NAME OF DECEASED (Type or Print)				EDGAR J. RICHARDS		2. DATE OF DEATH December 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01			
C. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 48 Market Place			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 23, 1894		9. AGE (in years: last birthday) 59		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Macon, Georgia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edgar J. Richards				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Veteran's Administration, Calvert & Fayette			
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				CAUSE OF DEATH (A) Fatty metamorphosis of the liver DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
22A. SIGNATURE Joseph G. Jackson, Jr. M.D.				22B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER		22C. DATE SIGNED Dec. 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/26/54		24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR AN 26 1954		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Ellsworth Armacost		ADDRESS 4600 Liberty Heights Avenue	

11571

RECEIVED  
OFFICE OF THE  
SHERIFF

11571

RECEIVED

RECEIVED

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 11675  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lewis W. Gray

2. DATE  
OF  
DEATH

12-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-02

D. STREET ADDRESS (If rural, give location)

301 N. Exeter St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

24

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Veteran Admin. Baltimore Office

18. E 983X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Depressed Skull Fracture

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Contusion of Brain

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

House

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

303 N. Exeter Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Dec. 27, 1953 12:30 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck on head with iron bar

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William J. Phillips

M.D.

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

MEDICAL INVESTIGATOR

12-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/27/1954

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Volant

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Huntington Williams

ADDRESS

H. Phillips

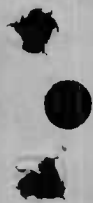
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1875

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1875



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

B-633 53 11676		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X 53 11676 Registered No.	
BIRTH NO. 53-25276		1. NAME OF DECEASED (Type or Print) BABY BROADWATER		2. DATE OF DEATH 10/15/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 5364	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION SINAI HOSPITAL OF BALTIMORE, INC.		D. STREET ADDRESS (If rural, give location) 3 DAHLIA LANE (20)		6. DATE OF BIRTH 10/15/53	
c. Length of stay in Baltimore Yrs. Mos. Days		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		9. AGE (In years last birthday) 11 Under 1 Year Months: Days Hours: Min. 55	
5. SEX M	6. COLOR OR RACE W	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME ARCHIBALD BROADWATER		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME DOLORES WELLES	
17. INFORMANT		ADDRESS			
18. 759.3		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) RESPIRATORY FAILURE			55 min.
ANTECEDENT CAUSES		(B) ASCITES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) MULTIPLE CONG. ANOMALIES			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/15, 1953, to 10/15, 1953, that I last saw the deceased alive on 10/15, 1953, and that death occurred at 10 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Albert D. Barkin M. D.		23B. ADDRESS Sinai Hospital of Balt		23C. DATE SIGNED 10/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 10/15/53		24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 2 - 1954		Huntington Williams, M.D.		Huntington Williams, M.D.	
VS 150					

JOHN HOPKINS MEDICAL SCHOOL JAN, 29, 1954

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-400

53 11677

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

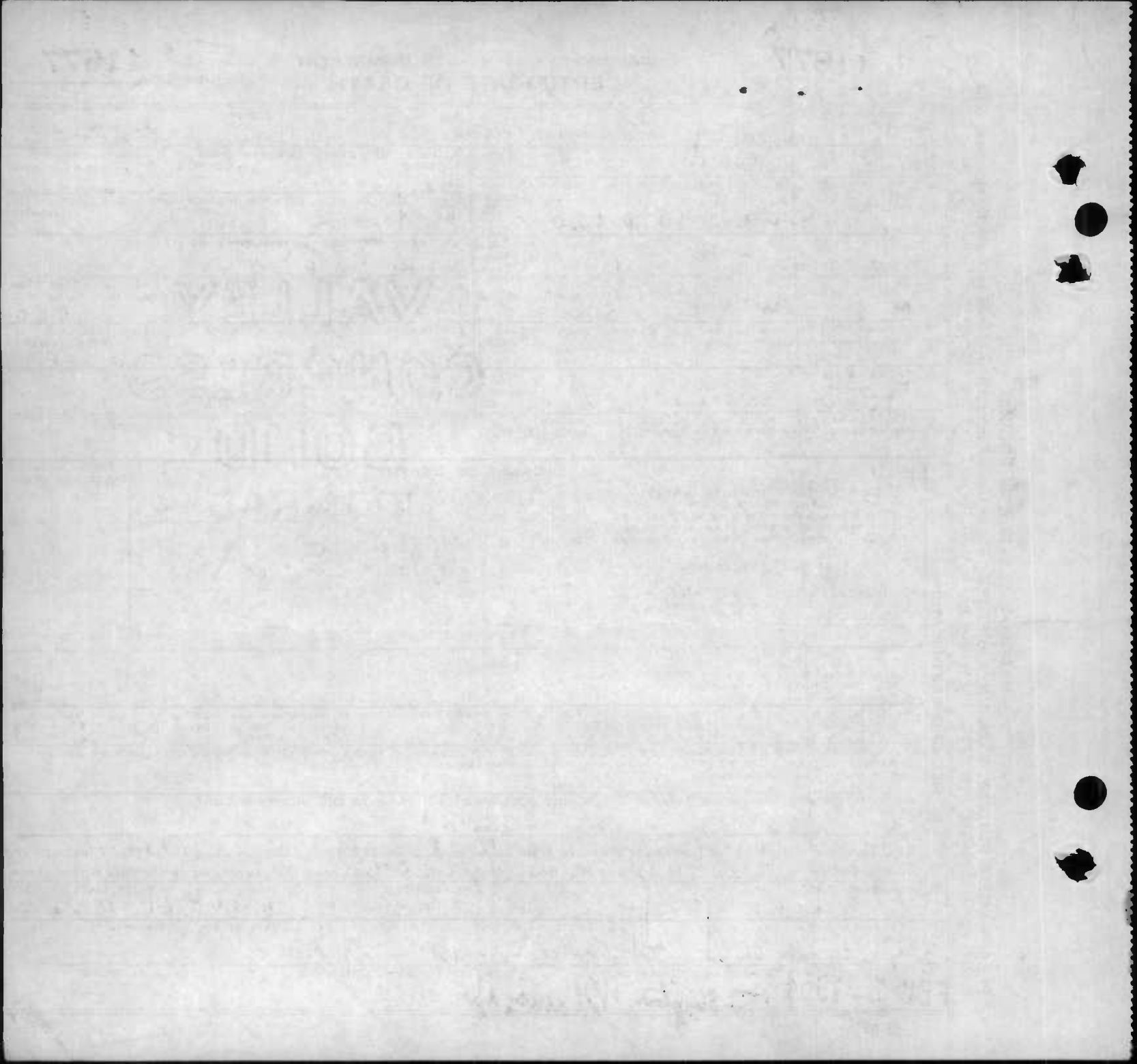
53 11677  
Registered No.

BIRTH NO. 53-32029

1. NAME OF DECEASED (Type or Print) <i>Cooley Baby Boy</i>			2. DATE OF DEATH <i>12-28-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>42 Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Dundalk</i>		
c. Length of stay in Baltimore Yrs. <i>1</i> Mos. <i>1</i> Days <i>6</i>			D. STREET ADDRESS (If rural, give location) <i>Sinai Hospital 6813 Dunbar Rd</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12-28-53</i>		9. AGE (In years last birthday) If Under 1 Year: Months <i>1</i> Days <i>6</i> If Under 24 Hours: Hours <i>1</i> Min. <i>6</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Cooley</i>			14. MOTHER'S MAIDEN NAME <i>Wilma Seiders</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <i>759.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Multiple Congenital malformations</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>Multiple Congenital malformations</i> DUE TO (B) <i>malformations</i> DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12-28</i> , 19 <i>53</i> , to <i>12-28</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-28</i> , 19 <i>53</i> , and that death occurred at <i>12:44</i> p.m., from the causes and on the date stated above.							
23A. SIGNATURE <i>Leon Aptner</i>				23B. ADDRESS <i>Sinai Hospital Balt</i>		23C. DATE SIGNED <i>12-28-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
<i>Body returned to Hospital for autopsy by Dr. Keely</i>		<i>12/30</i>		<i>Huntington Williams, Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 2-1954</i>				REGISTRAR'S SIGNATURE <i>Huntington Williams, Md</i>		25. FUNERAL DIRECTOR ADDRESS	

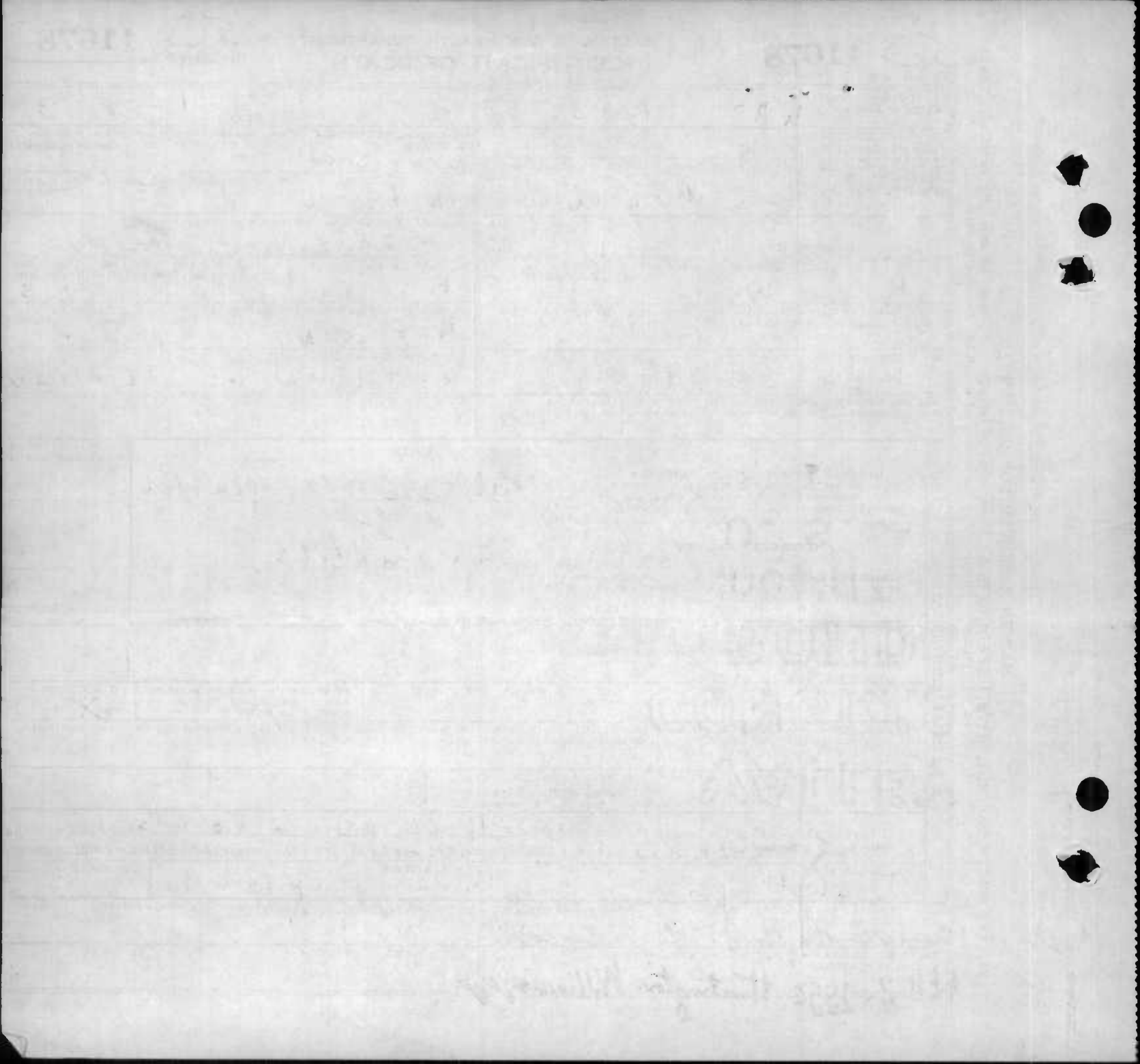


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

W-320 53 11678		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11678 Registered No.	
BIRTH NO. 23-31718		1. NAME OF DECEASED (Type or Print) WATTS Baby Boy		2. DATE OF DEATH 12-26-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland		b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		c. CITY OR TOWN BALTIMORE		d. STREET ADDRESS (If rural, give location) 1422 N. Collington Ave #13	
c. Length of stay in Baltimore 1		5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 12-26-53		9. AGE (In years last birthday) 8-04	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME William WATTS		14. MOTHER'S MAIDEN NAME KATHRYN GETTERMAN		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. 759.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Multiple congenital anomalies DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 12-26, 1953 to 12-26, 1953, that I last saw the deceased alive on 12-26, 1953, and that death occurred at 6:26 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Joseph A. Kelly		23B. ADDRESS Sinai Hospital, Balt.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
24G. FUNERAL DIRECTOR		24H. ADDRESS		24I. ADDRESS	
FEB 2 - 1954 Huntington Williams, Jr.					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-2-3		BALTIMORE CITY HEALTH DEPARTMENT		53-11679	
53-11679		CERTIFICATE OF DEATH		Registered No. 53-11679	
BIRTH NO. 53-24369					
1. NAME OF DECEASED (Type or Print) LACOSTE Pierre J. 3rd.			2. DATE OF DEATH 10-12-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital, Balt 5			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fullerton		
D. STREET ADDRESS (If rural, give location) Picrre's Motel.					
E. Length of stay in Baltimore 42 Yrs. Mos. Days					
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-6-53	9. AGE (In years, last birthday) 8	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Pierre J. Lacoste			14. MOTHER'S MAIDEN NAME Betty Lane Miles		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Multiple Hemorrhages Anoxia Prematurity			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19. 762.5 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-12-1953 to 10-12-1953 that I last saw the deceased alive on 10-12-1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE J. P. Schaffer, M.D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 1-28-54	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JUNIOR HURN'S MEDICAL SCHOOL	
24D. LOCATION (City, town, or county)		24E. DATE JAN, 29, 1954		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR FEB 4 - 1954		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	
VS 15Q					



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BOND  
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D. 1. A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-452		BALTIMORE CITY HEALTH DEPARTMENT		53 11680	
53 11680		BIRTH NO. 53-27058		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3. PLACE OF DEATH:	
BOLDEN, GORDON L		11-14-53		A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		D. STREET ADDRESS	
Provident Hospital		Baltimore		901 W. Saratoga St. Apt A	
c. Length of stay in Baltimore		8. DATE OF BIRTH		9. AGE (In years last birthday)	
7 days		11-7-53		7 days	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		Colored		Infant	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Baltimore, Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Herman Bolden		Eleanor Bayton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)				Hosp Records	
18. 756.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Congenital Atresia of the bile passages			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-14-1953, to 11-14-1953, that I last saw the deceased alive on 11-14-1953 and that death occurred at 7:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
George R. Seyno M. D.		Provident Hospital		1-19-54	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				Hosp. Records	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)		25. FUNERAL DIRECTOR	
				Huntington Williams, Jr.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
FEB 5 - 1954		Huntington Williams, Jr.			
VS 150					

11-14-23

BOLDEN GORDON L

Presented to the

7 days

and about 10 days

11-14-23 7 days

11-14-23 7 days

11-14-23 7 days

11-14-23 7 days

11-14-23 7 days

11-14-23

11-14-23 7 days

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

H-220 53 11681		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53- 11681 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN T. HUGHES		December 31, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-05			
C. Length of stay in Baltimore Yrs. Mos. Days		STREET ADDRESS (If rural, give location) Found: Near Cedar Avenue Bridge			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH U	9. AGE (In years last birthday) 50	10. Under 1 Year Months Days 10 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) K	
13. FATHER'S NAME N		14. MOTHER'S MAIDEN NAME O		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) W		16. SOCIAL SECURITY NO.		17. INFORMANT N ADDRESS	
18. 422.1 N I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease (B) (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER.....		23C. DATE SIGNED Jan. 29, 1954	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL 24D. LOCATION (City, town, or county) (State) FEB 11 1954	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1954		REGISTRAR'S SIGNATURE <i>William Williams</i>		25. FUNERAL DIRECTOR <i>William Williams</i> ADDRESS	
VS 151					

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